

ARENA MEMBERSHIP FORM

Silver Sage community corral
Box 1092 Brooks, AB T1R 1B9
Ph:(403) 362-2262 Fax:(403)501-3762

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE:(w) _____ (h) _____ FAX: _____

Single - 6-month \$220 Single - Annual \$325 - exp Sept 30 Family - 6-month \$325 Family - Annual \$430 - exp Sept 30 Month Pass \$105 Youth Pass \$105/year - exp Sept 30

I would be interested in helping with the following tasks:

Concession Help _____ Fundraising Events _____

Arena Clean Up Duties _____ Beer Gardens/Bar Help _____

Work Parties _____ Office Help _____

Barn Clean Up _____ Team Roping Events _____

Committee Head _____ Barrel Racing Events _____

As an arena member I am aware that I am obligated to follow the rules as set out by the Silver Sage Community Corral and that I have access to the Silver Sage Community Corral for my own personal use any time the facility is not booked. Any questions, comments, concerns or statements that have not been directed to the Manager or the Board of Directors of the Silver Sage Community Corral, will be considered gossip and will be handled as such.

Date: _____ Signature: _____

FOR OFFICE USE ONLY:

Arena Membership is for _____ adult _____ youth (16years and under)

Amount paid: _____

Start Date of Membership: _____ Expiry Date of Membership: _____

**SILVER SAGE COMMUNITY CORRAL
ARENA USERS/MEMBERS**

**COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF ALL RISK
WARNING: SIGNING THIS FORM SERIOUSLY LIMITS YOUR LEGAL RIGHTS**

The SILVER SAGE AGRICULTURAL SOCIETY, being the owners and operators of the SILVER SAGE COMMUNITY CORRAL will be referred to by "S.S.C.C."

The undersigned acknowledges that equine/agricultural related activities undertaken at the facility and on the grounds of the SILVER SAGE COMMUNITY CORRAL have inherent risks.

The undersigned releases the S.S.C.C. its agents, its directors, and employees from any rights, claims, demands, damages, causes of action and costs of whatever kind or nature, including any consequential loss or damage that the undersigned may have as a result of the undersigned's use or attendance at the facility and on the lands and premises owned and operated by SILVER SAGE AGRICULTURAL SOCIETY and the undersigned gives up any right of action against the aforesaid party which may arise by reason of contract, negligence, breach of duty or in any other manner whatsoever.

The undersigned further acknowledges and agrees that:

- (1) Equestrian/agricultural activities are very dangerous and expose all participants to many risks and hazards, some of which are inherent in the very nature of the sport.
- (2) As a result of the aforementioned risks and hazards, I may suffer personal injury, property loss or even death.
- (3) Some of the risks and hazards are foreseeable, but many others are not.
- (4) I, nevertheless, freely and voluntarily assume all possible risks, and hazards and acknowledge that my use of the facilities at the S.S.C.C., while participating in any activities, shall be entirely at my own risk.
- (5) I understand that S.S.C.C. its agents, directors, and employees, do not assume any responsibility or liability whatsoever for my safety while I am engaged in any of the activities or using any of the facilities in any way.
- (6) I have carefully read this Complete Release, Waiver of Claim and Assumption of Risk, and I declare that I understand it and that I am freely and voluntarily executing it.
- (7) By signing this Release, I will be **FOREVER PRECLUDED FROM SUING OR OTHERWISE CLAIMING AGAINST S.S.C.C.**, its agents, directors and employees for any loss or damage or injury or death I may sustain while engaged in any activities, attending at or using any facilities owned or operated by S.S.C.C., whether or not such loss or injury is caused by the negligence or fault of S.S.C.C. its agents, directors, and employees.
- (8) I understand that the S.S.C.C. will not permit me to attend at or to use its facilities now or in the future unless I sign this Complete Release, Waiver of Claim and Assumption of Risk.
- (9) This Complete Release, Waiver of Claim and Assumption of Risk is binding on myself, my heirs, executors, administrator, personal representatives and assigns.

Dated at Brooks, in the province of Alberta, this the _____ day of _____, AD., 20_____

(Witness)

(Signature of Arena User of Legal Guardian)

(Printed Witness Name)

(Printed Name of Arena User)