



Strathcona All-Breed Horse Association
Box 3168, Sherwood Park, AB T8H 2T2

SAHA Meetings 7:00 pm on the FIRST THURSDAY of each month at the Ardrossan Memorial Hall!

Membership Application Form
(Calendar Year: January 1 to December 31)
Renew early for continued benefits!

Section 1 – MEMBER INFORMATION

Please Circle

New Member: YES / NO Renewal: YES / NO If new, how did you hear about SAHA? _____

Can you download from the website? YES / NO _____

Would you like to receive the newsletter by regular mail or email? MAIL / EMAIL

PLEASE PRINT CLEARLY:

Surname _____ First Name _____ Spouse / Partner Name _____

Address _____ City / Province _____ Postal Code _____

Mail Address _____ Home Phone _____ Additional Phone _____

Section 2 – MEMBERSHIP TYPE

PAYMENT METHOD: by E-Transfer to sahaalberta@gmail.com (no password necessary)
or by Mail to: SAHA Box 3168 Sherwood Park, AB T8H 2T2

Single Membership	Voting Member over 18 years of age	\$20.00	_____
Family Membership	Voting Members (2 adults over 18 years) and children (under 18 years)	\$30.00	_____
Youth Membership	Non-Voting Member under 18 years of age Date of Birth: _____	\$10.00	_____
			TOTAL _____

Family Members Names & Ages of Children: _____

Section 3 – Alberta Equestrian Federation INFORMATION (for horse riders only)

For INSURANCE purposes, each *horse riding* member is required to hold an AEF # _____

To become an AEF member, application forms can be found here: www.albertaequestrian.com

Payment must be made directly to AEF.

Section 4 – ACTIVITY & GENERAL INFORMATION

SAHA thrives and survives on YOUR involvement. Please indicate which areas are of interest to you:

<input type="checkbox"/> Clinics	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Parades	<input type="checkbox"/> Trail Rides
<input type="checkbox"/> Professional	<input type="checkbox"/> Shows	<input type="checkbox"/> Social / Special Events	<input type="checkbox"/> Other

Please specify other areas of interest for joining SAHA: _____

Please suggest topics for clinics / speakers: _____

Would you like to VOLUNTEER: YES / NO If yes, can we phone / email you? YES / NO

Do you have First Aid / CPR: YES / NO

Do you operate a business / hobby which SAHA could promote / support? _____

FOR OFFICE USE ONLY:

Member #: _____ Date Rec'd: _____ Paid By: CASH / E-TRANSFER / CHQ # _____

STRATHCONA ALL-BREED HORSE ASSOCIATION
MEMBERSHIP RELEASE AND ACKNOWLEDGEMENT

EVERY MEMBER OF THE STRATHCONA ALL BREED HORSE ASSOCIATION SHALL CAREFULLY READ THIS NOTICE BEFORE SIGNING; MEMBERS COULD PARTICIPATE IN ANY EVENT WHERE EQUINE and other ACTIVITY IS INVOLVED:

“Inherent risks of equine activities”; shall mean those dangers or conditions which are integral part of equine activities, including but not limited to:

- (1) The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity.
- (2) The unpredictability of an equine’s reaction to such things as sound, sudden movements and unfamiliar objects, person or other animals;
- (3) Collisions with other equines, animals people and objects;
- (4) The potential of a participant to act in a negligent manner that may contribute to the participant or others such as failing to maintain control over the equine or to act within his or her ability.

Neither the STRATHCONA ALL-BREED HORSE ASSOCIATION, EQUINE and other EVENT VENUE, organizing committee, the volunteers, staff, nor agents shall in any way be liable for any accident, injury damage, loss or for any other matter that may happen to exhibitors, competitors, members, owners, agents or to anyone in attendance at the event or to any animal or article brought to the event.

It is to be understood and agreed that by making any entry in the STRATHCONA ALL-BREED HORSE ASSOCIATION’s EQUINE EVENTS and other ACTIVITIES all exhibitors, competitors, owners, members, agents and representatives acknowledge that equestrian and other events, activities and sports involve inherent dangerous risks and do hereby indemnify and hold harmless the STRATHCONA ALL-BREED HORSE ASSOCIATION and EQUINE EVENT VENUE and singular, the owners, directors, officers, members, employees, agents and volunteers thereof from and against any and all loss, costs or expenses, or any claim thereof of whatever nature arising for and on account, or by reason of participation in these events.

Signature of Owner/ Handler/ Rider: _____ **Date:** _____

Signature of Owner/ Handler/ Rider: _____ **Date:** _____

IF A MEMBER IS UNDER THE AGE OF 18 YEARS AS OF JANUARY 1ST, HE/SHE WILL NOT BE PERMITTED TO PARTICIPATE IN ANY EQUINE EVENT or ACTIVITY WITHOUT THE SIGNATURE OF A PARENT OR GUARDIAN:

Juniors Name: _____ **Age or Birth Date:** _____

Signature of Parent of Legal Guardian of Junior Handler/ Rider: _____

This release and acknowledgement shall remain in effect for duration of Membership to INCLUDE ALL STRATHCONA ALL BREED HORSE ASSOCIATION’s EQUINE EVENTS and other ACTIVITIES and until all horses and property of the signee have been removed from the EQUINE and other EVENT VENUE.

By signing this waiver, you give SAHA permission to take photographs and possibly use them for club promotion; use your name, phone number, mailing address and email address in the Directory for Members use. This information will NOT be posted to the website or Facebook page without the members approval.