

□ AMATEUR □ PROFESSIONAL □ JUNIOR

## EQUESTRIAN BAHAMAS MEMBERSHIP APPLICATION

The Equestrian Bahamas (EB) membership year begins on October 1. All memberships expire on September 30. The effective date of membership is the date on which the application, first four pages of passport and correct dues are received by the EB office (for exceptions, see the EB Rule Book). To be eligible for the EB Rider Certification Program or End-of-Year Award in any Division, you must be a Senior or Junior Member. By submitting this application, you agree all information is correct and you agree to abide by all EB rules.

## 1. EB MEMBERSHIP

Members are eligible to participate in EB Licensed Competitions as a rider, driver, handler, vaulter, longeur, owner, lessee, agent, coach, or trainer.

Only members are eligible to serve as a competition manager or competition secretary, or serve as a EB committee member. A limited number of exceptions are found in the EB Rule Book..

Every member or their parent/guardian MUST sign & check the appropriate box below. If 18 years and older and you have not participated in any professional activities as cited in EB Rule Book, you are considered an amateur. Amateur status is required for anyone who competes in amateur classes. PLEASE NOTE: Individuals who sign as a professional must complete the amateur reclassification process prior to being reinstated as an amateur. See the EB Rule Book for details of the process.

By signing below, you or parent/guardian (required if member is under 18 years old) agree to abide by the EB Rules and to be bound
by the Release, Assumption of Risk, Waiver and Indemnification appended hereto, as well as representing and warranting that all
information is true and correct.

[SIGN IN INK]	[DATE DD/MM/YY]/
3. DATE OF BIRTH REQUIRED FOR AMA	ATEURS AND JUNIORS: (DD/MM/YY): / /
4. PERSONAL INFORMATION	TITLE: □ Mr. □ Mrs. □ Ms. □ Miss □ Other
NAME:	

ADDRESS:					-
ISLAND:				☐ CHECK HERE IF THIS IS A NEW ADDRESS	
PHONE: _[		]		MOBILE: [ ]	
FAX: [				E-MAIL:	
BAHAMIAI	N. CIT	IZEN: □YI	ES □NO <u>IF NO, WHA</u> T	Γ COUNTRY?	
□ NEW ME	EMBEI	RSHIP	□ RENEWAL	EB MEMBER # (IF RENEWAL):	

All members are required to submit copies of the first four pages of their passport along with their application for the first year of membership. Thereafter, copies are required only upon a change to the passport.

## **EQUESTRIAN BAHAMAS RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION**

## THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING

I AGREE in consideration for my participation in any and all Equestrian Bahamas- licensed and/or endorsed competitions (each a "Competition") to the following:

I AGREE that Equestrian Bahamas ("EB") and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and any and all EB affiliates associated with such Competition.

I AGREE that I choose to participate voluntarily in any Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and any Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to hold harmless and release EB and any Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of EB or any Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of EB or any Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) EB and any Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the EB Rule Book regarding protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that EB strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in any Competition; if a parent or guardian of a Junior exhibitor, I represent that my child has the requisite training, coaching, and abilities to safely compete in any Competition.

I AGREE that if I am injured at any Competition, the medical personnel treating my injuries may provide information on my injury and treatment to EB on the official EB accident/injury report form.

BY SIGNING IN SECTION 2 ON PAGE ONE of the Membership Application, I AGREE to be bound by all applicable EB Rules and all terms and provisions of this EB Release, Assumption of Risk, Waiver and Indemnification.