



# Strathcona All-Breed Horse Association

Box 3168, Sherwood Park, AB T8H 2T2

sahaalberta@gmail.com

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? \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

Surname

First Name

Spouse / Partner Name

Address

City / Province

Postal Code

E-Mail Address

Home Phone

Additional Phone

## Section 2 – MEMBERSHIP TYPE

**NOTE: For 2022 only, no SAHA membership fee will be charged. Regular AEF fees still apply**

Single Membership      Voting Member over 18 years of age \_\_\_\_\_

Family Membership      Voting Members (2 adults over 18 years) and children (under 18 years) \_\_\_\_\_

Youth Membership      Non-Voting Member under 18 years of age      Date of Birth: \_\_\_\_\_

Family Members Names & Birth dates / 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](http://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, Demos, etc     | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Meetings and Speakers | <input type="checkbox"/> Shows |
| <input type="checkbox"/> Social / Special Events | <input type="checkbox"/> Trail Rides       | <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

Do you have First Aid / CPR: YES / NO

Would you be interested in sponsoring a class at one of our  
shows: YES / NO

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

### FOR OFFICE USE ONLY:

Member #: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

**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.
- (5) The potential of natural or man-made hazards being present that can cause me harm, including communicable disease.

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, sickness, disease, medical payments, death, 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 1<sup>ST</sup>, 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.