

2021 Membership Form



Canadian Cowboy Mounted Shooters Association

Box 356 Turner Valley, Alberta T0L 2A0
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 E-Transfer ccmsaetransfer@gmail.com
 WEB www.canadianmountedshooters.ca

****ALL MEMBERS REQUIRE AN ALBERTA EQUESTRIAN FEDERATION MEMBERSHIP OR PROVINCIAL EQLIVILEANT ****

PLEASE NOTE: EVERY MEMBER MUST COMPLETELY FILL THE FORM OUT

I, the undersigned, acknowledge that competition through the Canadian Cowboy Mounted Shooters Association (CCMSA herein) involves an inherent risk of injury and accordingly, hereby release, discharge, and covenant not to sue the CCMSA, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and owners and leases of premises on which the Activity takes place, (each considered one of the "Releases" herein) from all liability, claims, demands losses, or damages on my account caused or alleged to be caused on whole or in part by the negligence or the Releases or otherwise, and I further agree that if, despite this release, waiver of liability, and assumption of risk, nor anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up any substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend it to be complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be valid the balance, notwithstanding, shall continue in full force and effect.

ARE YOU A NEW MEMBER? CHECK BOX <input type="checkbox"/>	HOW DID YOU HEAR ABOUT US? (INCLUDE NAME IF THRU A MEMBER OF THE CCMSA)
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PRINT NAME:	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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ADDRESS:

CITY:	PROV:	POSTAL CODE
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PHONE #	CELL #
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EMAIL:	BIRTHDATE:
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PAL #:	PAL EXPIRY
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CMSA # (if appl)	CMSA CLASS	ALBERTA EQUESTRIAN FEDERATION MEMBERSHIP #
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EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE:
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***NOTE: JUNIOR WRANGLERS MUST HAVE THE PARENT/GAURDIAN SHOOTER WAIVER ATTACHED**
 WRANGLERS (UNDER AGE OF 18) PLEASE CHECK ONE OF THE FOLLOWING (SEE DEFINITIONS AND WAIVIER ON THE CCMSA WEBSITE IN MEMBERSHIP AREA)

Pee-Wee
 Novice
 Junior

I have read, understood and will abide by the club rules and regulations as stated in the bylaws. Also, after having read the above risk acknowledgment, release, waiver I also verify that I have the authority to sign on behalf of all listed as family members under the age of 18 within the household)

PRINT NAME: _____
 SIGNATURE: _____ DATE: _____

FEES: Cheque payable to: Canadian Cowboy Mounted Shooters Association (WILL NOT ACCEPT ACRONYM "CCMSA")

Valid From Jan 01 to Dec 31,2021		Valid only from Sept 15 to Dec 31,2021	
Individual	\$50.00 <input type="checkbox"/>	Individual	\$30.00 <input type="checkbox"/>
Family	\$75.00 <input type="checkbox"/>	Family	\$40.00 <input type="checkbox"/>

PLEASE NOTE: Family memberships consist of 2 adults and any number of children under the age of 18 residing in the same home

Alberta Personal Information Protection Act (PIPA). The CCMSA requires collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary or requested by our membership or the Board of Directors. Members names and photos may be used on the CCMSA website. I hereby consent to the collection, use or disclosure of all personal information contained on the membership form and the CCMSA will only use or disclose such information as it reasonably expected, necessary or requested. This may include, from time to time, a publication of a CCMSA membership and telephone directory for distribution only to membership of the CCMSA. By submitting this form you are agreeing to the terms set above.

OFFICE USE:	DATE R'cd	Method Of Payment:	CCMSA #
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