

OBRA

2019 MEMBERSHIP APPLICATION

Renewal _____	New Member _____	Permit \$15 _____	
Individual \$55 _____	Family \$110 _____	Youth (18 & under) \$45 _____	PeeWee (4 & over) \$5 _____

Date _____

Last Name _____ First Name _____ Birthday _____

Spouse's Last Name _____ First Name _____ Birthday _____

Children's Names (Members over the age of 18 require their own membership):

_____ (___ Youth or ___ PeeWee) Birthday _____

_____ (___ Youth or ___ PeeWee) Birthday _____

Address _____

City _____ Province _____ Postal Code _____

Phone (____) ____ - _____ e-mail _____

Alternative Phone Number (____) _____ - _____

Please list ALL Horse & Rider Combinations (Use Horses Registered name and ensure correct spelling):

* For changes/additions in season please notify secretary

1. _____
2. _____
3. _____
4. _____

I hereby apply for membership in the Ontario Barrel Racing Association, **I and/or my representatives or family have read and reviewed the rules and constitution of the association which are available on the OBRA website, & understand will abide by them. I further agree to assume full responsibility for my safety and that of my children, horses and property while at any OBRA approved show.**

I hereby release the Ontario Barrel Racing Association and/or its officers from any and all claims or damages arising from any accident, injury, loss or theft which is caused by or arises from the participation of the applicant or his or her family named herein, during any function or at any facility or location where an OBRA sanctioned activity is held.

I understand that OBRA does not carry personal liability insurance on behalf of competitors and therefore, I am responsible for obtaining such insurance. OBRA will make every possible effort to ensure the safety of involved persons, however, I understand that participating in any OBRA approved event is entirely voluntary and wholly at my/our risk. Should some condition arise that I consider being unsafe, I will immediately advise officials of said condition and if the condition is not rectified to my satisfaction, I will withdraw from further competition. There will be no refund of fees.

Applicant's Signature _____

Parent or Guardian's Signature if under 19 years of age _____

Parents/Guardians Address if different from Youth's _____

Parent / Guardian Phone Number (____) _____

Information supplied on this form is considered confidential and will not be released without the express written direction of the above applicant

Instructions:

1. Make all cheques payable to OBRA or send e-transfer to payments@obra.ca
2. Mail (or email) signed membership application to: Amy Fotheringham, RR#4 Seaforth, Ontario, N0K 1W0, billamyf@tcc.on.ca
3. If running Futurity send a copy of registration papers (front and back) to: Matt Storms, 320 Camp St. Walleceburg, ON., N8A 4B3, stormsqhs@outlook.com