



**EQUINE MOUNTED
GAMES CANADA**

Equine Mounted Games Canada

A Member of International Mounted Games Association (IMGA)

Ontario Region

2024 MEMBERSHIP FORM

MEMBER INFORMATION

<input type="checkbox"/> New Membership		<input type="checkbox"/> Renewal (due by December 31, 2023)	
First Name:		Last Name:	
Address:	City:	Province:	Postal Code:
Phone:	Email:		
DOB: (dd/mm/yyyy)	OE # (Required): Please attach copy of 2024 membership		
Emergency Contact Name:	Emergency Contact Phone #:		
Riding Experience: _____ years	Mounted Games Experience: _____ years		
Relevant Health Issues or Injury:			

ARE YOU GAME?

equinemountedgamescanada@gmail.com

equinemountedgamescanada.com



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MEMBERSHIP

Junior Riding Member (12 & under) – \$45

Adult Riding Member (over 12) – \$65

Additional Adult Family Member (shares same address) – \$55

*Please fill out a separate membership form for each member and send together

Associate Member – \$15 (Non-riding Membership with voting privileges)

Late Renewal Fee – \$25 (post December 31, 2023)

PAYMENT

eTransfer (preferred payment method)

Cheque

Total Membership Fees:

Note: NSF cheques – \$25 administration fee and suspension of membership privileges until paid in full.

CONSENT

I allow my contact information to be shared with other EMGC members on an as-needed basis.

I allow my email to be included on the EMGC 'Members' Only' group list to communicate information regarding the association, competitions, and updates.

I agree to read, understand, and abide by the OE and EMGC Inc. Constitution and By-laws and policies, and the rules and policies of IMGA.

Signature:

Date:

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MEMBERS WAIVER AND ACCEPTANCE OF RISK FORM

Please read carefully. The following will affect your rights and liabilities.

I request permission to participate in horseback riding and other Equestrian related activities organized and operated by EQUINE MOUNTED GAMES CANADA INC. I fully understand that horseback riding, handling, and grooming of horses and other stable activities are very dangerous. I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury (including death) to me or my property. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians and legal representatives, I release and agree not to make or bring claim of any kind against EQUINE MOUNTED GAMES CANADA INC., or officials, servants, employees, representatives, officers, and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous riding or related activity.

Print Name of Rider:

Signature of parent or legal guardian if rider is under the age of 18 years old:

Date:

Signature of rider 18 years and older:

Date:

I request that my Waiver and Acceptance of Risk form be applied to all EMGC Activities, mounted or unmounted, until December 31, 2024.

Signature:

Date:

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Equine Mounted Games Canada Inc. Regional Mailing Address and Additional Information:

ONTARIO

Please make all Cheques payable to: "Mounted Games of Canada"

eTransfer to: emgcpayments@gmail.com

Completed Membership forms and payment may be mailed to:

Equine Mounted Games Canada Inc.

OR

email to: equinemountedgamescanada@gmail.com

c/o Michelle Cruikshanks

1725 Concession 14,

Cannington, ON L0E 1E0

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equinemountedgamescanada@gmail.com

equinemountedgamescanada.com