



COCHRANE & DISTRICT AGRICULTURAL SOCIETY

Email: cochraneagsociety@gmail.com

www.cochraneagsociety.com

CROSS COUNTRY RIDER'S FORM 2021

CROSS COUNTRY COURSE RIDING PASS for 2021:

(for use of XC jumps – must be accompanied by CDAS approved Instructor at all times)

INDIVIDUAL DAILY PASS - \$35.00 plus GST = \$36.75 per day \$ _____

or
INDIVIDUAL SEASONAL PASS (when course is open) - \$250.00 plus GST = \$262.50 \$ _____

TOTAL ENCLOSED \$ _____

Name: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Signature of Applicant: _____ Date: _____

XC Instructor(s): _____

Payment in cash, cheque, e-transfer, or money order

COCHRANE & DISTRICT AGRICULTURAL SOCIETY

Box 897, Cochrane, Alberta, T4C 1A9

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APPENDIX TO WAIVER DURING CURRENT HEALTH CRISIS

For the safety of all our members, passholders and user groups, we ask you to complete this self-declaration form before attending activities at the Ag Society Park

1	I understand the risk of coming in contact with other people during the COVID-19 global pandemic at the Ag Society Park and that I could become infected with COVID-19 while at the Ag Society Park.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	I agree and assume all risk and release and absolve the Cochrane & District Agricultural Society and its affiliated officials, volunteers, offices, directors, agents, representatives and employees and the owners and occupiers of the land upon which the activity is held, from all responsibility, liability or claims I may have arising from participating in an in person activity at the Ag Society Park during the COVID-19 pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	To your knowledge have you or anyone in your household had contact of any kind with someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Are you experiencing any cold or flu-like symptoms, including, but not limited to fever, cough, sore throat, respiratory illness, shortness of breath or difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you or anyone in your household returned from any destination outside of Canada or travelled in an airplane from any destination within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	I understand that should such above mentioned circumstances arise I have a duty to my own club and to the Cochrane & District Agricultural Society to not join any in person activities at the Ag Society Park for a period of 14 days. Upon re-entry I will be required to complete a further self-declaration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	I have read, understood and will abide by the protocols sent out by the Cochrane & District Agricultural Society	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	I have read, understood and will abide by the reactivation plan sent out by the Cochrane & District Agricultural Society and/or my own group.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Print name _____ Signature _____
(legal guardian name if members under 18)

If Under 18 – Member's name _____ Date _____
(if document is signed by legal guardian for members under 18)

Phone: _____ Email: _____