



COCHRANE & DISTRICT AGRICULTURAL SOCIETY

Box 897, Cochrane, Alberta, T4C 1A9

403-973-3250; email:cochraneagsociety@gmail.com

2021 Recognized Coach/Instructor Application

Cochrane & District Agricultural Society (CDAS) requires all instructors teaching students for compensation on the cross-country course or within the dressage or stadium rings located in the north portion of the CDAS property to meet the following criteria annually:

1. Must be a current member of CDAS. (\$15.00 Individual or \$25.00 Family – no GST)
2. Must provide proof of Coach's/Instructor's Liability Insurance which names Cochrane & District Agricultural Society as an "Additional Insured".
3. Must pay \$100.00 (plus GST) instructor application fee.
4. Must complete Membership application, Release, Appendix E & Appendix F.

Once all Instructor documentation and fees are received in the CDAS Office, the Instructor will be given the gate codes by the General Manager. The Instructor is responsible to ensure that this code is kept confidential and does not become public knowledge.

Recognized CDAS instructors are responsible for, and required to submit, a complete roster of students for each session and payment of required fees for any student. Instructors are required to collect CDAS waivers from each student annually. (NOTE: a special box containing waiver forms, and sign in sheets has been placed by the top entrance to the XC course. Fees and sheets can be put into slot in bottom of this box.)

Any rider who has a current season Cross Country Riding Pass (\$250.00 plus GST) is exempt from the daily cross country fee (\$35.00 plus GST). Instructors must confirm the list of exempt students with the CDAS office.

The sole purpose of the "Recognized Instructor" is to instruct students. Any schooling of horses by an instructor at anytime is subject to the Cross-Country Course user fees.

It is the responsibility of the Instructor to ensure that all riders on the Cross-Country Course wear legal helmets and vests. Instructors and riders who do not comply will forfeit all rights to use the course the remainder of the current year.

Recognized CDAS instructors, along with their students, are required to adhere to all applicable CDAS policies and rules (attached). Instructors are to make sure gates are closed and locked upon exit of grounds unless other arrangements have been pre-approved by the office. Please report any broken jumps or problem areas i.e. ruts or gopher holes to CDAS office either in writing or via email. If the Water Jump is locked up, do not use it at all.

I have read and agree to the terms and conditions of the Cochrane & District Agricultural Society as stated above. I understand that any breach thereof may result in the immediate termination of my privilege to instruct and ride on CDAS grounds.

Printed Name: _____ Signature: _____

Phone: _____ Email: _____

Instructors fee: \$100.00 + GST \$5.00 = \$ 105.00

Must also purchase a CDAS Individual Annual membership \$15.00 – complete Membership Application Forms

TOTAL DUE WITH APPLICATION \$ 120.00

NOTE – If Instructor is riding, must also pay the \$35.00/horse/day fee or \$250.00 for Season Pass

Make cheques payable to "Cochrane & District Agricultural Society"

(Revised May, 2020)



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CROSS COUNTRY RIDING PASS Oct 1, 2020 to Sept 30, 2021

MEMBER APPLICATION 2020 (OPTIONAL)

SINGLE MEMBERSHIP @15.00 \$ _____

FAMILY MEMBERSHIP @25.00 \$ _____

CROSS COUNTRY COURSE RIDING PASS: *(for use of XC COURSE – must be accompanied by CDAS approved Instructor at all times)*

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

INDIVIDUAL SEASONAL PASS - \$250.00 plus GST = \$262.50 \$ _____

FAMILY SEASONAL PASS - \$600 plus GST = \$630.00 \$ _____

TOTAL ENCLOSED \$ _____

Name: _____

IF FAMILY PASS - Spouse's Name _____

IF FAMILY PASS -Children's Names _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

User Group (if any, please circle): Cochrane Pony Club, Cochrane Roping Club, Cochrane BMX, or Cochrane Horse Trials Committee

Signature of Applicant: _____ Date: _____

2021 Cross Country Course (includes GST)

Individual Season Pass	\$262.50
Daily Pass	\$ 36.75

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



COCHRANE & DISTRICT AGRICULTURAL SOCIETY PARK 2021 CROSS COUNTRY RULES & WAIVERS

Any breach of CDAS rules or policies may result in revocation of ALL CDAS access and/or privileges.

SPECIFIC CROSS COUNTRY COURSE (XC) RULES & POLICIES:

1. Anyone utilizing the jumps on the XC Course must pay the annual or daily XC fee and have a current waiver on file with CDAS office.
2. XC Course users must be accompanied by a current CDAS certified instructor. NO JUMPING ALONE.
3. Instructors must complete the appropriate forms and pay the Certification Fee as well as purchase an Individual Membership.
4. Instructors that school horses must also purchase an annual XC pass or pay the daily fee.
5. XC Course must be booked and approved at least 1 business day in advance.
6. Instructors are responsible for:
 - a. ensuring that all riders wear approved vest and helmet.
 - b. having signed waivers prior to rider mounting a horse on CDAS grounds.
 - c. collecting all rider fees.
 - d. completing the XC Course Sign In Sheet.
7. All forms and fees are to be submitted to CDAS as soon as possible. Use the drop box located at the entrance to the XC Course. Blank forms are available in the drop box. Etransfers to cochraneagsociety@gmail.com are allowed.
8. Pony Club grounds are not part of the cross country course.
9. No unauthorized vehicles are allowed to drive on the XC course.
10. The course may be closed due to adverse conditions or commercial bookings.

CONDUCT

1. Members and Pass Holders will conduct themselves in a cooperative manner and be respectful of other riders and mindful of everyone's safety.
2. CDAS Communication Policy must be followed in any and all conflict situations and recommendations. (Refer to web site for Communication Policy.)
3. Clean up after yourself. Do not leave garbage behind on the course or the parking lot areas. A minimum \$50.00 fee may be charged in the event cleanup is not completed.
4. Anyone passing through a gate or panel must return them to how they found them.
5. NO SMOKING in or near any of CDAS buildings.
6. DOGS must be on a leash at all times.
7. NO ALCOHOL is permitted on the grounds unless proper approval and permits are obtained
8. Illegal drugs and activities are not permitted
9. Equine businesses are not permitted on CDAS grounds unless they are part of a commercial booking or in the event of emergency. Individual appointments with pass owners for saddle fittings are allowed.
10. If you must clean out your trailer then manure must be placed in appropriate manure pits.

SAFETY

1. Anyone under 18 years of age must be accompanied by parent or guardian at all times.
2. Children 18 and under are required to wear a certified helmet when riding on CDAS property
3. Report any damage or safety risks to office in writing or via email.
4. When riding always be aware of other riders to avoid unexpected interactions.
5. Your horse must be under your control at all times.
6. Should a Member and/or Pass Holder have an accident while on CDAS grounds, they must complete an Incident Report (provided by CDAS) and turn in to CDAS office within 24 hours.

I have read and agree to the terms and conditions above and have read the posted Arena & Barn Rules:

DATE: _____ PRINTED NAME: _____

Signature (Member and/or Pass Holder)

Witness Signature

CDAS staff has the right to ask any person to leave the premises if they do not following the rules or they become disruptive or abusive.



COCHRANE & DISTRICT AGRICULTURAL SOCIETY RELEASE, WAIVER OF CLAIM & ASSUMPTION OF RISK

EVERY PARTICIPANT AT THE COCHRANE & DISTRICT AGRICULTURAL SOCIETY MUST CAREFULLY READ THIS NOTICE BEFORE SIGNING. NO PARTICIPANT WILL BE ALLOWED TO PARTICIPATE PRIOR TO SIGNING THIS FORM.

“Inherent risks of equine activities” shall mean those dangers or conditions, which are an integral part of equine activities, including but not limited to:

- a. 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;
- b. The unpredictability of an equine’s reaction to such things as sounds, sudden movements, and unfamiliar objects, persons or other animals;
- c. The equine’s response to certain hazards such as surface and subsurface objects;
- d. The potential of collisions with other equines, animals, people and objects;
- e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

“Releasee and/or Releasees” shall mean the Cochrane and District Agricultural Society (CDAS), its user groups and affiliates, activity Organizing Committee(s), officials, volunteers, staff, and agents.

I release the Releasees from liability and waive as against the Releasees all recourses, loss or damages, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from my participation in the activity. I voluntarily accept the legal risk, thereby expressly giving up any right of action and the physical risk arising from all liability whether such liability arises in contract, by reason of NEGLIGENCE or by reason of breach of duty raised by statute, or in any other manner whatsoever.

I further acknowledge and agree that:

- a. The activity is dangerous, exposing participants to risks and hazards, some of which are inherent in the very nature of the reaction itself, others which result from NEGLIGENCE or FAULT on the part of the person involved in preparing and organizing or staging the activity;
- b. As a result of the aforesaid risks and hazards, I as a participant may suffer injury, even death, as well as property loss;
- c. Some of the aforesaid risks and hazards are foreseeable, but others are not;
- d. I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards and that accordingly, my use of the facilities while participating in the activity;
- e. I understand the Releasees assume no responsibility or liability for my safety while I am participating in an activity;
- f. That I have carefully read the COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK, that I fully understand same and that I am freely and voluntarily executing same;
- g. I understand that by signing this RELEASE, I be will forever precluded from suing or otherwise claiming against any of the Releasees for any loss or damage connected with any property loss, personal loss, personal injury, or death I may sustain while participating in the activity;
- h. I understand the Releasees do not permit me to use the facilities now or in the future unless I sign the COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK and that this COMPLETE RELEASE, WAIVER OF RISK AND ASSUMPTION OF RISK applies to the activity whether occurring in the near or distant future and the terms of this agreement need not be brought to my attention each time I am a participant in the activity in order to be effective;
- i. This COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK is binding on me, my heirs, my executors, administrators, personal representatives and assigns;
- j. If I or any member of my family should incur an accident while on CDAS grounds I will complete an Incident Report (provided by CDAS) and submit to CDAS office.

Rider’s Name – please PRINT

Rider’s Signature (or Parent/Guardian Signature if under 18)

Age if under 18 Rider’s Telephone Number

Rider’s Email

Date

Witness Signature

This COMPLETE RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK shall remain in effect for the duration of membership and/or _____ (activity name) and until all horses and property of the signee have been removed from the CDAS grounds. By signing this document, you agree to abide by all rules of the Cochrane and District Agricultural Society.



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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)

Member name _____ Date _____
(if document is signed by legal guardian for members under 18)