



2025 INDOOR / OUTDOOR ARENA RIDING PASS MEMBERSHIP APPLICATION

Website: [www.dunmoreequestrian.com](http://www.dunmoreequestrian.com) Email: admin@dunmoreequestrian.com

192 Charles Street, Dunmore, AB T1B 0L5 Phone: 403-502-6308

Yearly passes valid January 1 to December 31 Maximum 2 horses per rider (rates for additional horses available upon request)

Name: \_\_\_\_\_

Children's Names (if family membership) \_\_\_\_\_

**Children under 16yrs of age must have a Parent or Guardian in attendance at all times when riding**

\* It is highly recommended that all riders wear an approved safety helmet and carry Provincial Equestrian Liability Insurance (AEF)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please do not leave barrels or equipment in the arena after use and keep gates closed....Thanks!**

Please check the box beside all of the memberships included in this application

Riding Membership	Family Memberships	Adult Memberships	Youth Under 18 yrs Memberships	Daily Drop in Rates Up to 2 horses per person
<b>Prices</b>	<b>Yearly \$787.50</b>	<b>Yearly \$472.50</b>	<b>Yearly \$157.50</b>	<b>\$20</b>
<b>Include GST</b>	<b>Monthly \$210.00</b>	<b>Monthly \$105.00</b>	<b>Monthly \$52.50</b>	<b>Extra Horse \$15</b>

\*Family membership includes 2 adults and all children less than 18yrs of age living at the same residence

Total \$ \_\_\_\_\_ Payment by: Cheque, Cash or e-transfer to admin@dunmoreequestrian.com

*I acknowledge the inherent risks associated with the Dunmore Equestrian Society (DES) facilities and take full responsibility for my actions and for those of any adult and minors listed above. I absolve DES, It's directors, employees and bolunteers from any and all consequences and free from any and all liabilities from the actions of all the parties above listed. I accept on behalf of all applicants that the rules and regulations as set out by DES and from time to time amended shall apply to our conduct and that they may cancel our privileges at their discretion.*

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian (if youth applicant) \_\_\_\_\_