## RENA PASS APPLICATION

Lake Agricultural Society

## Cold Lake Agricultural Society Arena Pass/Waiver

Yearly membership will run for one (1) full year starting November 1 to October 31. Monthly Arena Passes will be valid for Thirty (30) days. Members must be in good standing with the Cold Lake Agricultural Society.

NAME:			D.O.B		
A	ADDRESS:				
CITY/TOWN:			POSTAL CODE:		
PHONE:		EMAIL:	EMAIL:		
Send E-Transfers to Manager@coldlakeag.com					
	☐ Family Yearly \$	456.75	☐ Famil	y Monthly \$157.50	
	☐ Single Yearly \$3	309.75	☐ Single	e Monthly \$126.00	
	*Family **F	Arena Passes require 1 V	<sup>Included</sup> Vaver/Application per Famil Il result in a 3% fee being ac	y Member* ided**	
Members	will ensure that they conduc		-	s and goals of the CLAS as a whole at all	
In conside		may be asked to provide volu participate in any way in the C undersigned ackno	times.  nteer help for the CLAS fundrai  Cold Lake Agricultural Society p  wledges, appreciates and  rees that:	sing activities. rogram, related events and activities, the	
The risk of injury from the activities involved in the event is significant, including the potential for permanent paralysis and deatleast particular rules, equipment ,				permanent paralysis and death, and while	
and personal discipline may reduce this risk, the risk of serious injury does exist; and,					
2. <b>I K</b>	NOWINDLY AND FREELY		S, BOTH KNOW AND UNKNO ENCE OF THE	WN, EVEN IF ARISING FROM THE	
RELEASE	EES or others, and assume		cipation, possessions and the picipating in this rodeo event; an	erson and possessions of my employees, d,	
3. I willingly	agree to comply with the st	•	d conditions for participation. If ring my presence	however, I observe any unusual significant	
or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,					
used to co	E AGRICULTURAL SOCIE  onduct the event. WITH RE  PROPERTY, WHE	TY, their officers, officials, ag advertisers and, if applicable SPECT TO ANY AND ALL IN THER CAUSED BY THE NE OF LIABILITY AND ASSUMP	ents and/or employees, other p e, owners and lessors of premis IJURY, DISABILITY, DEATH O GLIGENCE OF THE RELEASI	OR LOSS OR DAMAGE TO PERSONAL	
I HAVE GIV	VEN UP SUBSTANTIAL RI			NTARILY WITHOUT ANY INDUCEMENT.	
	Signature	Print	Date ITS OF MINORITY AGE	Witness	
This is to cer	tify that I, as parent/guardia	an with legal responsibility for		l agree to his/her release as provided above	
releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor					
			pation in these as provided abo	ve.	
	Parent/Guardian Signature	Emerg	ency Phone Number	Witness	
OFFICE USE ONLY	Total Cost:	Total Cost:		Receipt Number:	
	Method	d of payment: CASH DEE	BIT CREDIT CARD E-TRAI	NSFER CHEQUE	
i o	Processed by:			Date:	

COLD LAKE AGRICULTURAL SOCIETY at EXHIBITION PARK



4608 38 AVE., COLD LAKE, AB, T9M 1K6 WWW.COLDLAKEAG.COM | 780-594-0667

