



LYONS PRODUCTION SERVICES EVENTS CENTRE MEMBERSHIP APPLICATION

Please make cheques payable to: Teepee Creek Stampede Association

MEMBERSHIP INFORMATION

First Name: _____ Last Name: _____ AEF#: _____ DOB: _____

Email Address: _____ Phone #: _____

Mailing Address: _____

MEMBERSHIP TYPE

ADULT	18 & older. Good for one calendar month.	Monthly	\$80.00	
ADULT	Valid Jan 1 – Dec 31. Excluded months are prorated.	Yearly	\$450.00	
YOUTH*	Youth are ages 9 – 17 (as of Jan 1). Good for one calendar month.	Monthly	\$40.00	
YOUTH*	Valid Jan 1 – Dec 31. Excluded months are prorated.	Yearly	\$225.00	
COUPLE	Two people residing under the same roof.	Yearly	\$800.00	
FAMILY	Includes up to four named family members. Maximum of two adults.	Yearly	\$900.00	

OFFICE USE ONLY	
Invoice #	
Membership #	

SUB TOTAL: \$ _____

GST: \$ _____

TOTAL: \$ _____

A membership entitles the member to the use of:

- The indoor and outdoor riding facilities as per the schedule,
- The indoor and outdoor washroom facilities, and
- Any obstacles owned by the Lyons Production Services Events Centre.

PAYMENT TYPE: _____

* Youth is considered ages 9 – 17 as of January 1. **Ages 8 and under are free but must wear a helmet.**

RELEASE WAIVER

I understand that there can be danger and risk involved in equestrian sports and activities and using a public facility. I HEARBY RELEASE AND FOREVER DISCHARGE the Lyons Production Services Events Centre and their staff and volunteers of and from any actions, causes of actions, suit demands, claims and proceedings of any kind whatsoever, for any damages, loss or injury suffered (whether to myself or to my property) in connection with my use of any of the facilities noted on this agreement, no matter how such damages, loss or injury might be caused. I also understand that any mistreatment of animals will result in the renter being blacklisted and being reported to the SPCA.

_____	_____	_____
Applicant Name	Applicant/Guardian Signature	Date
_____	_____	_____
Applicant Name	Applicant/Guardian Signature	Date
_____	_____	_____
TP Rep. Name	TP Rep. Signature	Date