



Membership Application & Renewal Form 2025

Membership Renewals are due by January 31st, 2025

PLEASE RENEW ON TIME !

1250 Italia Lane, RR#6, Kingston, Ont. K7L 4V3 (613) 542-9228

Name: _____ **PAL# or Minor's Lic#** _____ (required)

Spouse: _____ (complete only if Family Membership)

Children + D.O.B: _____ (must be attending full-time studies)

Address: _____ Tel: _____ - _____ - _____

City: _____ Postal Code: _____

E-mail: _____

*** Membership fees include purchase of OFAH membership insurance***

If you are a member of OFAH currently → **Please Circle:** YES + OFAH#: _____ or NO

MEMBERSHIP FEES (check one)

ANNUAL FEE

- | | |
|--|----------|
| <input type="checkbox"/> ADULT - One Person | \$300.00 |
| <input type="checkbox"/> FAMILY - Spouse, Children 13 - 19 | \$330.00 |
| <input type="checkbox"/> JUNIOR (13 - 19) | \$50.00 |

**** (Ask about our Out-of-Town (100kms+) Membership Fee) ****

MEMBERSHIP FEES - NEW MEMBERS * (after Jun 1st only) *

- | | | |
|--|----------|---|
| <input type="checkbox"/> ADULT - One person | \$175.00 | *(one time - after Jun 1 st)* |
| <input type="checkbox"/> FAMILY - Spouse, Children 13 - 19 | \$185.00 | *(one time - after Jun 1 st)* |

**** (Ask about our Out-of-Town (100kms+) Membership Fee) ****

Method of Payment Check One

- CASH CHEQUE DEBIT CREDIT CARD

(New Members will be subject to a Probationary Period of three (3) months)

Turn page over for waiver signature →

RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION FOR MEMBERSHIP, AND PERMISSION TO TAKE PART IN CLUB ACTIVITIES, I FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE SAID CLUB, THE CLUB EXECUTIVE AND ALL OTHER PERSONS INVOLVED IN THE ORGANIZATION, OPERATION AND CONDUCT OF SAID CLUB, AND THEIR RESPECTIVE HEIRS, OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTION WHETHER IN LAW OR IN EQUITY, IN RESPECT OF DEATH, INJURY, LOSS OR DAMAGE TO MY PERSON OR PROPERTY, HOWEVER CAUSED, ARISING OR TO ARISE BY REASON OF MY PARTICIPATION IN THE ACTIVITIES OF THE SAID CLUB, WHETHER AS A SPECTATOR, PARTICIPANT, COMPETITOR OR OTHERWISE, WHETHER PRIOR TO, DURING OR SUBSEQUENT TO AN EVENT, AND NOTWITHSTANDING THAT SAME MAY HAVE BEEN CONTRIBUTED TO, OR OCCASIONED BY THE NEGLIGENCE OF ANY OF THE AFORESAID.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY THE SAID CLUB, AND ANY OF THE AFORESAID, FROM AND AGAINST ANY AND ALL LIABILITY INCURRED BY ANY OR ALL OF THEM, ARISING FROM, OR IN ANY WAY CONNECTED WITH MY PARTICIPATION OR MEMBERSHIP IN THE SAID CLUB.

BY SIGNING THIS, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY.

DATED AT KINGSTON THIS _____ DAY OF _____, 20__

PRINT NAME: _____

SIGNATURE: _____

EMERGENCY CONTACT(S) (voluntary)

NAME(S): _____

PHONE NUMBER(S): _____