



- 6) Are you currently suspended from membership privileges by the American Quarter Horse Association?  
 YES     NO
- 7) Year In on which you last raced a quarter horse at a recognized racetrack in Ontario \_\_\_\_\_,  
 [if applying for Voting membership]
- 8) The Applicant hereby acknowledges and confirms that he/she has read, understands and agrees to be bound by the terms and conditions of QROOI's Member Waiver and Release of Liability.
- 9) a) Applicant agrees that the Association (QROOI) is hereby authorized to send me emails and/or mail on activities of the Association as may be deemed informative and useful.
- b) Applicant confirms that he/she agrees to receive emails and/or mail that the Association (QROOI) may receive from other horse racing entities that is deemed important.     YES     NO
- 10) Applicant agrees to abide by and be governed by the By-laws and rules of QROOI, Agriculture Canada, Ontario Racing Commission and the American Quarter Horse Association, as contained in its Official Handbook.
- 11) QROOI, reserves the right to cancel memberships according to the bylaws as set forth.

**PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT (PIPEDA)**

Your signature represents acceptance for QROOI, to disclose any relevant information gathered on this membership form or provided by the member to other members of QROOI, The Rider, ORC, AQHA, OHRIA and any other agencies with regard to the horse industry.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EXECUTED** on \_\_\_\_\_, 2024. (Office Only) **By:** \_\_\_\_\_

RETURN: QROOI  
 FORM TO 50 Alexander's Crossing  
 Ajax, Ontario L1Z 2E9

Overnight Deliveries  
 50 Alexanders Crossing  
 Ajax, Ontario L1Z 2E9

Telephone (905) 426-7050

FAX (905) 426-7093

[grooiheadoffice@gmail.com](mailto:grooiheadoffice@gmail.com)



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Ajax, Ontario L1Z 2E9  
Phone 905-426-7050 • Fax: 905-426-7093  
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**ENROLMENT FORM & SUMMARY OF JOCKEYS' EXERCISE RIDERS & PONY RIDERS  
INSURANCE COVERAGES**

**Insurance Information Required:**

Date of Birth (mm/dd/yyyy) ..... SIN # .....  
Number of Mounts Ridden in the Previous Year ..... Total Earnings .....  
Married? Yes/No Dependent Children? Yes/No # of Dependent Children .....  
Beneficiary Name & Contact # .....  
Do You Ride at other Race Tracks? Yes/No If so, list Race Tracks .....

**Benefits Included with your membership:**

**Liability Insurance:**

The policy covers all participants who hold a current and valid license with the Ontario Racing Commission for Quarter Horse racing in Ontario while participating in sanctioned activities. Coverage is limited to Canada only.

The policy will pay those sums the insured becomes legally obligated to pay as compensatory damages because of bodily injury to or damage to property of others such as participants, spectators, property of lessors and others resulting from your operations only.

**Limit: \$ 2,000,000**

**Deductible: \$ 2,500**

The policy also covers eligible participants in Quarter Horse Racing for their legal Liability arising out of hoses in their care, custody & control.

**\$50,000 Per Horse / \$ 250,000 Any one Loss**

**Accidental Death & Dismemberment:**

Covers all active jockeys, exercise riders & pony riders who hold a current and valid license with the Ontario Racing Commission for Quarter Horse racing in Ontario. Coverage applies only while race or exercise riding at Ajax Downs Race Track. Benefits provided should an accidental bodily injury cause Accidental Death & Dismemberment, Loss of Use or Paralysis.

**Limit - \$75,000**

**Aggregate Limit Per Accident: \$ 1,000,000**

**(See attached Brochure for Table of Losses & Additional Benefits)**

**Weekly Accident Indemnity**

A benefit will be payable following the 14 day waiting period to a maximum of 104 weeks. The amount payable is 75% of earnings to a maximum of \$400/Week

In order to claim for reimbursement, a claim form must be completed by the jockeys' doctor or surgeon & submitted to BFL prior to the 26th day of each month.

BFL can offer an increase to the Weekly Accident Indemnity for an additional premium:

- Increase to 80% of earnings to a maximum \$ 500/week - **Additional premium of \$ 225.00**
- Increase to 80% of earnings to a maximum of \$ 600/week - **Additional premium of \$ 450.00**

**QUARTER RACING OWNERS OF ONTARIO INC. ("QROOI")  
MEMBER WAIVER AND RELEASE OF LIABILITY**

**PLEASE ENSURE THAT YOU HAVE READ AND UNDERSTOOD THIS ENTIRE AGREEMENT BEFORE SIGNING.**

IN CONSIDERATION of allowing me to participate in any of the racing events or any other activities organized or managed by QROOI (the "**Activities**") in my capacity as:

\_\_\_\_\_ at Ajax Downs and for other good and valuable consideration (the receipt and sufficiency of which I acknowledge), I agree as follows:

There are inherent risks and dangers in the Activities, whether preparing for, entering, attending, participating in, or leaving the Activities, which include, but are not limited to: (a) the propensity of quarter horses or other animals to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of a quarter horse's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals; (c) certain hazards such as surface or subsurface conditions on the property of Ajax Downs; (d) collisions with other animals or objects; (e) the potential of a participant or others to act in a negligent manner that may contribute to injury to another participant, applicant, or others, such as failing to maintain control over a quarter horse which they are responsible for, or not acting within his or her ability; (f) the breakage or failure of track or other equipment used at Ajax Downs; (g) the potential that a quarter horse or other animal may suffer an injury or lose its footing or balance resulting in a fall or other movement that causes injury or harm to the rider or other persons or animals in the vicinity.

With full knowledge and understanding of the risks and dangers inherent in the Activities, I freely and voluntarily consent to participation in the Activities and assume all of the risks involved in such Activities. In this connection, on behalf of myself and my heirs, legal and personal representatives, executors, administrators and assigns, **I also voluntarily agree to waive, release and forever discharge QROOI, its directors, officers and employees from any claims, including claims for negligence, demands, damages, actions or causes of action arising out of or in consequence of any loss, injury or damage to my person or property arising out of or any way connected to participation in the Activities, whether caused by QROOI, its directors, officers or employees, or otherwise. I further agree to not make any claim or take any proceedings against any other person or corporation who might claim against QROOI, its directors, officers, employees or volunteers, for contribution or indemnity in common law or in equity, or under the provisions of any statute or regulation, including the Negligence Act, R.S.O. 1990, c. N.1, and the amendments thereto and/or under any successor legislation thereto.**

I will indemnify and hold harmless QROOI, its directors, officers or employees, or otherwise against all damages, claims, liabilities, losses and other expenses, including without limitation any legal fees, caused by the participation in the Activities and/or arising from any acts or omissions of mine in connection thereto.

This Waiver and Release of Liability will be construed in accordance with and governed by the laws of the Province of Ontario, and I acknowledge it to be as broad and inclusive as permitted by the laws of this jurisdiction.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTAND THIS WAIVER AND RELEASE AND I AM AWARE THAT BY SIGNING BELOW I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, LEGAL AND PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST QROOI.**

(Applicant Initials: \_\_\_\_\_)

**EXECUTED** on \_\_\_\_\_, 2024.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
**NAME**