

## **2023 MEMBERSHIP APPLICATION**

	Valid thro	ugh December	31 2023	
	Individual membership	\$20		
	Family membership	\$35		
Name:			D.O.B	
Address:	City		State	Zip
Phone Number:_		Email: _		
Additional Famil	ly Members			
	D.O.B:	Name:		D.O.B:
Name:	D.O.B:	Name :		D.O.B:

YOU MAY NOT TAKE ADVANTAGE OF MEMBER DISCOUNTS OR CLASSES UNTIL DUES ARE PAID. The undersigned does hereby waive all claims, actions or demands for damage loss and/or injury to person(s), livestock and/or property of myself and/or minor children. This waiver will relieve the Sagebrush Ranch Horse Association, its officers, directors, members and agents, as well as any of their agents, from any or all liability prior to, during or following any events held by, sponsored by, or supervised by the Sagebrush Ranch Horse Association. This waiver will be valid and binding upon signature of adult member of legal age, or of parent or legal guardian of minor children. I/We agree to read and abide by (and see that our children abide by) all the rules of the Sagebrush Ranch Horse Association.

APPLICATION MUST BE SIGNED: (All adult members must sign release form on reverse)

Signature - Adult member, Parent or Legal Guardian

Date

I would like to receive all info by: **email** (please circle) Permission to use photos of myself or my family in any publications/social media: **Yes** /**No** (please circle)

SAGEBRUSH RANCH HORSE ASSOCIATION P.O. BOX 270242, SUSANVILLE, CA 96127 <u>srhaclubsecretary@gmail.com</u> SRHA is a 501(c)(3) tax exempt organization. Federal Tax Identification Number is 81-1274896 Sagebrush Ranch Horse Association

501 (c)(3) Non-Profit Organization

## **2023 RELEASE OF LIABILITY**

I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, my horse and property. I knowingly assume all risks, whether known or unknown, from horseback riding.

I hereby release Sagebrush Ranch Horse Association, its members and officers, or any of their representatives, heirs, executors and assigns from all liability for any act of negligence or want of ordinary care. In consideration of my participation in events organized or sponsored by the above people, I waive, release and discharge Sagebrush Ranch Horse Association – its members and officers, or any of their representatives, heirs, executors and assigns for any and all claims of liability for injury or damage to myself, my animals or my property arising out of my participation. This agreement is binding upon my executors, heirs and assigns.

I expressly waive any rights I may have under California Civil Code 1542 which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have mentally affected his settlement with the debtor."

I agree that I will indemnify and hold harmless Sagebrush Ranch Horse Association, its members and officers, or any of their representatives, heirs, executors and assigns against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by or prosecuted for my benefit, in which this release is upheld. Sagebrush Ranch Horse Association, its members and officers, or any of their representatives, heirs, executors and assigns shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property. I acknowledge that I have read this Release of Liability and know and understand its contents.

SIGNATURE: DATE:

SIGNATURE:

## **MINORS DO NOT SIGN THIS FORM** PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent or guardian of the above participant, in consideration of my minor's participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, their animals, and property arising out of their participation in the event. I acknowledge that I have read this Release of Liability and know and understand its contents.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAMES OF ALL MINOR CHILDREN

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