

# Lewis Clark Saddle Club, Inc

P.O. Box 83  
Clarkston, WA 99403



## Membership Form and Liability Waiver

I (We) \_\_\_\_\_, do hereby release the Lewis Clark Saddle Club, Incorporated, a State of Washington, Non-profit Membership Corporation, from all responsibility and/or liability for any personal injury or communicable illness sustained by me (us) or damage to my (our) property, while participating in activities as a spectator or as a contestant at: (1) any Club sponsored event or affair, (2) the Club arena facilities or any of its appurtenances. In such event, it is understood and agreed that I (we) will hold the aforesaid membership corporation harmless, for my (our) heirs and assigns forever. I (we) hereby release said corporation from all responsibility and liability. Furthermore, the Lewis Clark Saddle Club, Inc. may not be held responsible for personal or animal injury nor property damage per Title 4 Chapter 4.24 Section 4.24.540 of the Revised Legislative Code of Washington (RCW). (<https://app.leg.wa.gov/rcw/default.aspx?cite=4.24.540>)

☐ /We agree that pictures of me (us) may be used on the Lewis Clark Saddle Club website and Facebook page and for other Saddle Club related promotions.

This is to certify that I (we) have read and fully understand the above statements in regard to the Lewis Clark Saddle Club, Incorporated.

Dated: \_\_\_\_\_

Email: \_\_\_\_\_

**MINOR CHILDREN MAY NOT JOIN INDEPENDENTLY. A PAID PARENT OR LEGAL GUARDIAN MUST JOIN UNDER A FAMILY MEMBERSHIP FOR MINOR TO PARTICIPATE.**

\_\_\_\_\_  
Signature of Adult Participant (18 years or older)

Address: \_\_\_\_\_  
\_\_\_\_\_  
zip

Emergency contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Member Phone: \_\_\_\_\_

**Please provide names and birth dates of ALL applicants/members (adult birth dates required for Idaho State and National O-Mok-See participation)**

Adult Name(s)	Adult Birth Date(s)	Child(ren) Name(s)	Child(ren) Birth Date(s)

### MEMBERSHIP FEES:

☐ SINGLE: \$75.00 (18+) ☐ FAMILY: \$100.00 (Up to two (2) adults and all minor children living in the same household)

☐ VOLUNTEER SINGLE: \$35 (18+) ☐ VOLUNTEER FAMILY: \$50 (Up to two (2) adults and all minor children living in the household)

By checking one of these boxes, I acknowledge that I (we if family) must complete 10 approved volunteer hours within the calendar year to qualify for the discounted rates. I understand that if I DO NOT complete the required 10 hours, I will owe the difference between the discounted rate and the full membership rate for this year and will not be eligible for the discounted rate the following year.