

Surface Creek Saddle Club

PO Box 271

Cedaredge, CO 81413

APPLICATION FOR ANNUAL MEMBERSHIP

DATE: _____

NAME: _____ DATE OF BIRTH: _____ PHONE: _____

STREET ADDRESS: _____ PO Box (if any): _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Your email address is strictly confidential and will only be used for priority updates such as: Event notification and membership information. **PLEASE TYPE OR PRINT CLEARLY!**

TYPE OF MEMBERSHIP

_____ \$20 INDIVIDUAL _____ \$30 FAMILY

\$_____ Additional contribution

TOTAL AMOUNT: \$ _____

*Make checks payable to SCSC

THANK YOU FOR JOINING!

Family Memberships: List **names & dates of birth** of *immediate family members residing in your household*.

NAME	DOB	NAME	DOB

I certify that I have received a copy, read and agree to comply with all rules and regulations as established in the Arena and Membership Rules dated April 1, 2019.

Member signature

Thank for your support; without You, other Members, and Volunteers the Western heritage we are trying to preserve would be lost.

Please visit our Website: www.surfacecreeksaddleclub.org

Join our Facebook Group: Surface Creek Saddle Club

PLEASE FILL OUT THIS FORM COMPLETELY, SIGN THE WAIVER AND RELEASE ON THE REVERSE SIDE OF THIS FORM, AND MAIL WITH YOUR CHECK TO THE ABOVE PO BOX.

Entered into system on _____ by _____

Surface Creek Saddle Club, Inc.
Rodeo/Arena Grounds – Cedaredge, CO
WAIVER AND RELEASE

I, the undersigned, understand and believe that the use, handling, and riding of a horse involve a risk of physical injury to any individual undertaking such activities. I further know that any horse, irrespective of its training, usual past behavior and characteristics, may act or react unpredictably at any time. With full awareness of the foregoing, I am knowingly participating in clinics/events sponsored Surface Creek Saddle Club, Inc. (“SCSC”) and voluntarily engage in this activity. The possibility of injury or death to me or my horse as a result of this activity is accepted as a risk inherent in work on and around horses.

I, the undersigned, understand that horseback riding is a rigorous activity, physically and mentally demanding. I hereby represent that I and my horse have the requisite level of physical fitness and mental alertness to enable us to participate in the class for which this waiver is being obtained. Both my horse and I are in good health and free from injury, illness, or other defects which may impair our ability to engage in this activity.

I, the undersigned, expressly and voluntarily assume all risks attendant to horseback riding and related activities, and I do hereby fully and forever release, discharge, and hold harmless SCSC, its Board of Directors and its representatives, and any and all of the assistants, assisting instructors, clinicians, coworkers, as well as other participants in the course, and the assigns of same, from any and all claims which I, the undersigned, or my assigns, may assert as a result of physical injury or death to a horse or rider, or loss of property, incurred while a participant using, handling, or riding a horse while participating in a SCSC event.

My signature on this form constitutes expression of my understanding and agreement to all that is stated above and my total and unconditional release of Surface Creek Saddle Club, the Board of Directors, their assistants, assisting instructors, clinicians, coworkers, assigns, and other participants.

SIGNATURE OF APPLICANT/PARTICIPANT: _____

PRINT NAME: _____ DATED: _____

I, the undersigned, am one of the **parents** of the above-named minor applicant/participant (and/or the duly appointed legal guardian of such minor), and I have full authority to sign this waiver for and on behalf of the minor. My signature on this form constitutes expression of my understanding and consent to the total and unconditional waiver set out above.

- I hereby grant SCSC permission to post pictures and/or videos of the above-named minor in the newspaper and on social media sites.
- I **DO NOT** grant SCSC permission to post pictures and/or videos of the above-named minor in the newspaper and on social media sites.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

PRINT NAME: _____ DATED: _____

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes.