



# Camp Verde Arena Association

112 Fort McDowell PL. Camp Verde, AZ 86322

928-274-1783 [campverdearena@gmail.com](mailto:campverdearena@gmail.com)

[www.campverdearena.com](http://www.campverdearena.com)

## Renewal Membership Application

Expires one year from the date of member dues paid

Please Print All Information:

Date: \_\_\_\_\_

Names (including spouse): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Renew Membership Status (circle one)

Non-Rider \$20

Single \$25

Couple \$45

School Organization \$100

Family \$60 (All family members need to reside in one household)

**Family Membership Only:** please list names & ages of children under 18 and sign reverse if applicable:

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### EQUINE ACTIVITY

#### ACKNOWLEDGMENT OF RISK AND RELEASE

This **Equine Activity Acknowledgement of Risk and Release Agreement** (the "Agreement") is provided in conjunction with the undersigned, while using the facility at the Camp Verde Arena Association, Inc. ("CVAA").

The Participant makes the following declarations, representations, certifications, waivers and releases with regard to any equine activity taking place on the Camp Verde Arena (the "Premises") whether sponsored directly by the CVAA or any other entity to which the Premises may have been rented or leased or involving Participant's personal use of the Premises (the "Activity"):

I am fully aware that horseback riding and its associated activities entail risks or injury or death to participants and spectators alike. I clearly understand that the Activity in which I am participating may result in my injury or death or injury or death to others as a result of my actions or failure to act. I acknowledge that my participation is purely voluntary. I likewise acknowledge that I am responsible for the direction and control of any equine under my control and for the selection and use of equine equipment for the Activity.

I certify that I am fully able to participate in the Activity and that the CVAA has no responsibility and assumes no liability for any physical, mental or emotional impairment on my part, whether know or unknown either to me or the CVAA, that might be a cause of, or contributory factor to any injury that I might sustain, or which might be sustained by others as a result of my actions or failure to act, while participating in the Activity.

I expressly agree to accept and assume all responsibility for the risks associated with the Activity, whether or not specifically identified prior to or during the Activity. I further acknowledge and agree that the CVAA has no responsibility to specifically

identify any such risks except to the extent the CVAA knows that the risks involve hazardous conditions existing on the Premises that is under its control during the Activity.

I assume full responsibility for myself, my horse, my minor children and any other minors then under my care and control and their horses, for bodily injury, death, loss of property and claims, costs and expenses arising there from as a result of those risks inherent in the Activity or my or their own negligence actions or failure to act while participating in the Activity.

Having given the foregoing representations, acknowledgments and waivers and agreeing that the CVAA has the right to rely on the same, I voluntarily release, forever discharge and hold harmless the CVAA from any and all claims, demands or causes of actions, including attorney fees and costs of maintaining or defending such actions that may be the direct or indirect result of my participation in the Activity or the participation of any party on whose behalf I have provided this Agreement.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this Agreement shall be effective and binding against me, my heirs, assigns, personal representatives, estate and any minors accompanying me on whose behalf I have signed the Agreement.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_