

SCWGA: 2022-2023 CLUB MEMBERSHIP APPLICATION

MEMBERS: Please indicate the job each rider is willing to work at the shows.

List of jobs: **RAKER ~ JUDGE ~ TIMER ~ IN-GATE ~ ANNOUNCER ~ CALCULATIONS ~ ARENA CREW/SET-UP**

Youth through all Senior & Novice classes will be required to work at any show they ride at, to be eligible for year end points. Little Trainer riders are not required to work. Other family members can work for riders' worker points. Some jobs do require training prior to being allowed to work in the position, such as: announcers, timers, judges, and calculations. Workers sign-up schedules will be available at each show or contact board members listed on the website or in the newsletter. To fulfill worker/rider points you **must ride the majority** of the shows and receive **six (6) worker credits per show/day** to receive year end awards. Members will receive club updates via Snohomish County Western Games Association on Facebook or website.

Members acknowledge that all mailing and contact information will be provided to all SCWGA members by distribution of a membership list. SCWGA is not responsible for any purpose in which members may use that contact information, including mass mailings or solicitations.

Check payable to SCWGA. Family members must have a single address and can be extended to related minor children living with other family members. Member's year end points will accumulate beginning on the date membership is received.


COMPLETE & RETURN THE BOTTOM OF THIS FORM MAIL TO THE SHOW OFFICE THE DAY OF THE SHOW

Questions? Call/Text:

Justin Lant (206) 271-1379

Ashley Palm (425) 971-3014

Letisha Cook (360) 722-6846

CHECK TYPE OF MEMBERSHIP		INDIVIDUAL \$30			FAMILY \$40	
PLEASE PRINT						
Rider Names:	Year Born	Jacket size (please indicate youth or adult)	Horse blanket size	Job for each member (Please indicate at least one SEE LIST ABOVE)	Best of the West (additional \$25 per member)	Mulligans (additional \$10 per member)
Mailing Address: _____			Phone: _____		OFFICE USE ONLY PAID BY CASH	OFFICE USE ONLY PAID BY CHECK
Email address: _____			 Find us on Facebook!		<input type="checkbox"/>	<input type="checkbox"/>
						CHECK # _____

PLEASE NAME ONE EMERGENCY CONTACT PERSON:

Name _____ Phone () _____

WAIVER: In submitting an entry, the riders and guardians release the Evergreen State Fairgrounds and the Show organizers, SCWGA and its officers, board members et al, from any claim or right for damages which may occur to owners, riders, or horses at the Evergreen State Fairgrounds or in transit. PARENT AND/OR ADULT GUARDIAN MUST BE PRESENT AND RESPONSIBLE for all riders under the age of 18. Each rider is responsible for knowing all the rules. Any questions please contact a Board Member and get clarity. Thank you!

EACH ADULT RIDER MUST SIGN. IF UNDER 18 YEARS OF AGE, A GUARDIAN MUST SIGN

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

WAIVER OF LIABILITY

IN CONSIDERATION OF SNOHOMISH COUNTY WESTERN GAMES ASSOCIATION GRANTING ME PERMISSION TO ENTER ITS EVENTS AND USE ITS PROPERTY, I HEREBY VOLUNTARILY WAIVE ALL CLAIMS FOR DAMAGE OR LOSS TO MY PERSON AND PROPERTY OR THE PERSON OR PROPERTY OF ANY MEMBER OF MY FAMILY WHICH MAY BE CAUSED BY ANY ACT OR FAILURE TO ACT OF SNOHOMISH COUNTY WESTERN GAMES ASSOCIATION, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES. ON BEHALF OF MYSELF AND THE MEMBERS OF MY FAMILY, I VOLUNTARILY ASSUME THE RISK OF ALL DANGEROUS CONDITIONS. ON BEHALF OF MYSELF, I HEREBY RELEASE AND FOREVER HOLD HARMLESS SNOHOMISH COUNTY WESTERN GAMES ASSOCIATION, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES FROM ANY CLAIM THAT MAY ARISE AGAINST ANY OF THEM ARISING AT THE ABOVE-DESCRIBED PROPERTY OR ARISING FROM THE ABOVE-DESCRIBED EVENT.

DATE

SIGNATURE

(PARENT OR GUARDIAN IF MINOR)
PRINT NAME

PHONE

EMAIL ADDRESS

SCWGA COVID-19 RELEASE AND WAIVER OF LIABILITY AGREEMENT

All Riders & Participants Must Sign – 2022-2023 SCWGA Series. I, _____, acknowledge that I will be participating as a volunteer and/or participant in the Snohomish County Western Gaming Associations (SCWGA) Gaming shows at the Evergreen State Fairgrounds during their 2022-2023 series. I AM AWARE OF THE COVID-19 PANDEMIC AND RELATED GOVERNMENTAL ORDERS, DIRECTIVES AND GUIDELINES (COLLECTIVELY “Directives”), INCLUDING DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING AND USE OF FACE MASKS IN PUBLIC LOCATIONS. I AM AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMIC, AND ALSO POTENTIALLY INVOLVE LIVESTOCK AND ARE THEREFORE HAZARDOUS ACTIVITIES. I AM AWARE THAT I COULD BE INFECTED, SERIOUSLY INJURED OR EVEN DIE DUE TO COVID-19 OR DUE TO THE ACTIVITIES ON THE PREMISES INCLUDING BUT NOT LIMITED TO EXHIBITOR AND LIVESTOCK ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. As consideration for being permitted to participate in these activities and use the Facilities, I forever release the Governing Body, the State, the Department and any District affiliated organization, along with their respective directors, officers, employees, volunteers, agents, contractors and representatives (collectively “Releasees”) from any and all liabilities, causes of action, lawsuits, claims, demands or damages of any kind whatsoever that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death or property damage, related to (i) my participation in these activities (ii) the negligence or other acts of any Releasee, whether directly connected to these activities or not, and however caused, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE DISTRICT, THE STATE AND THE DEPARTMENT, AND SIGN IT OF MY OWN FREE WILL.** If you are under 18 years of age, you and your parent or guardian must sign this form below.

PARTICIPANT/RELEASOR PARENT OR GUARDIAN

Print Name

Signature

Date

Address