



Westside Team Penning Membership Form

www.westsideteampenning.net

2025

Type of Membership (check one)	Single \$40 One Adult <input type="radio"/>	Family \$60 One or two adults living in the same household, children must be under 18 years <input type="radio"/>	Family Restricted \$35 <input type="radio"/>
Member Name:			
Home Phone Number			
Cell Number			
Mailing Address			
Physical Address			
Email Address			
Current WTPC Rating	If you did not participate in WTPC Events last year or have not been rated at WTPC please fill out separate Rating Form		
Member Name #2			
Home Phone Number			
Cell Number			
Mailing Address			
Physical Address			
Current WTPC Rating	If you did not participate in WTPC Events last year or have not been rated at WTPC please fill out separate Rating Form		
Minor Child Name			
Current WTPC Rating	If you did not participate in WTPC Events last year or have not been rated at WTPC please fill out separate Rating Form		
Minor Child Name			
Current WTPC Rating	If you did not participate in WTPC Events last year or have not been rated at WTPC please fill out separate Rating Form		
Emergency Contact	Name:	Phone:	

***By checking this box I hereby authorize release of my personal contact information to be used by WTPC for member contact lists and/or to other associations or organizations.

Office Use Only:

Circle One:

Paid Via: Square Cash Check # _____

Mail to: WTPC Attn: Vicki Gray

P.O. Box 12083

Olympia, WA 98508

Email: WTPCSEC@gmail.com

A WTPC Waiver and Release of Claims Form must be signed for each competitor and kept on file with WTPC **before** being allowed to compete in any WTPC event.

I, _____, (Print Name Legibly) do hereby state that in all team penning/ranch sorting events during the 2025 season sponsored by Westside Team Penning Club (WTPC), I/we knowingly acknowledge that I/we am/are mindful of the inherent risks and unpredictability involved in the sport of team penning, ranch sorting, riding horses, and working cattle. I/we hereby represent that:

1. Experience and abilities of rider(s), assumption of risk:

- a. I/we am/are experienced horse rider(s) and specifically represent that the horse(s) I/we ride in all WTPC events during this season is/are trained and can handle the stress of chasing wild cattle in a closed arena at a rapid pace. In the event this WAIVER AND RELEASE OF CLAIMS is signed by me/us on behalf of my/our minor children, I/we make same representation on behalf of my/our children and the horses(s) they will be riding in all WTPC competitions during this penning/sorting season based on firsthand knowledge.
- b. I/we and the horse(s) I/we am/are riding during all WTPC competitions have team penned/sorted a minimum of five (5) times, or have equivalent experience such as roping, cutting, cattle ranch work and/or working cow horse competitions and I/we are/am comfortable with my/our horse's ability to team pen/sort safely. In the event this WAIVER AND RELEASE OF CLAIMS is signed on behalf of my/our minor children, I/we represent that my/our children and the horses they ride in all WTPC competitions during this penning/sorting season have penned/sorted a minimum of ten (10) times, or have the equivalent experience as set forth above.
- c. The WTPC has the right to rely on the above representations in determining whether I/we can participate in any WTPC competition during this penning/sorting season; AND
- d. I/we knowingly and fully assume all risks on my/our behalf and on the behalf of my/our children whom I/we consent to participate in any and all WTPC competitions during the penning/sorting season involved with the sport of team penning/ranch sorting to include but not limited to serious bodily injury and/or death.

2. WAIVER AND RELEASE OF CLAIMS:

- a. Based on the above representations, I/we am/are mindful that WTPC may allow me and/or my children to compete in any and all WTPC competitions during the penning/sorting season. As consideration for being allowed to compete in any or all WTPC penning/sorting events during this season, I/we knowingly hereby WAIVE AND RELEASE any and all KNOWN OR UNKNOWN, that I/we and my children our executors, heirs, administrators, family members and assigns may have against the WTPC, its officers, agents, members, volunteers, and the stock-contractor and/or promoter (hereinafter "RELEASEES"). This includes but is not limited to any and all claims for damages, INCLUDING BUT NOT LIMITED TO DEATH AND SERIOUS BODILY INJURY, to me/us or my/our children, caused by the NEGLIGENCE OR GROSS NEGLIGENCE of any of the above-named RELEASEES arising out of my/our and/or my/our children's participation in any and all WTPC competitions during this penning/sorting season and related activities, together with any competitions during this penning/sorting season and related activities, together with any cost, medical costs, and the like, including legal fees, that may be incurred as a result of any such claims whether valid or not.
- b. I hereby INDEMNIFY, HOLD HARMLESS and RELEASE each of the above RELEASEES against any and all claims that I/we, my/our children or any one or more of my executors, heirs, next of kin, administrators, successors, and/or assigns may have or assert against the WTPC, its agents, members and officers and against any cost and attorney fees associated herewith. This applies to any and all claims resulting from this WTPC penning/sorting season.

3. OPTIONS/REQUIREMENTS FOR RIDING HELMETS

- a. NO PARTICIPANT UNDER THE AGE OF THIRTEEN (13) SHALL BE ALLOWED TO PRACTICE OR PARTICIPATE IN ANY WTPC COMPETITION UNLESS WEARING A RIDING HELMET.
- b. ***Every participant/member must sign below if s/he refuses to wear a riding helmet***

I/we am/are mindful and have been advised that the Board of Directors of the WTPC strongly recommend that all participants, adults, and minors wear equestrian safety helmets during the competitions. I/we have been advised and am mindful that this recommendation by the WTPC Board of Directors is based on their concern for the personal safety of the participants and to minimize the possibility of serious injury and/or death. By checking the box below, I/we am/are hereby deciding NOT to wear a helmet even though it has been recommended for my/our own safety. By refusing to wear a helmet, I/we am/are mindful of the fact that the inherent risk if serious injury and/or death is increased by not wearing this safety feature. I/we voluntarily am/are making this decision knowing full well of the increased risks involved and am/are in no way making this decision under duress, threats, or any other influence from the WTPC or its Board of Directors.

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I REFUSE to wear a helmet

Print Name of Participant: _____

Signature of Participant: _____

As the parent of the minor child _____ (print name legibly) on whose behalf I am signing the RELEASE AND WAIVER OF CLAIMS so that he/she can participate in WTPC competitions, he/she having been instructed and am mindful of the fact that the WTPC REQUIRES that all participants competing in WTPC competitions under the age of thirteen (13) MUST wear an equestrian helmet. As the parent of the minor child (listed above) I agree that I will not let my child participate in these events without wearing such a helmet. I will provide my child with a sufficient helmet to my satisfaction that will provide the protection necessary.

Signature of Parent/Guardian: _____

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE CONTENTS AND IMPLICATIONS OF THIS DOCUMENT and by affixing my signature below, I hereby state under penalty of perjury of the laws of the State of Washington, that the representations made by me in this document are true and correct; that the WTPC will rely on my representations contained herein and that I sign this WAIVER AND RELEASE OF CLAIMS of my own free will and without threats, promises, or coercion. I also state that I have read the WTPC Team Penning Rules and Bylaws and agree to abide by them.

Print Name of Participant: _____

Signature of Participant or Parent/Guardian: _____

Date: _____