STILLAGUAMISH VALLEY HORSEMEN
WINTER MEMBERSHIP APPLICATION

FIRST NAME	LAST NAME	BIRTH YEAR

Mailing Address:	
Phone:	
Email:	
Emergency Contact Name:	
Emergency Contact Phone:	

FEES	
Individual $20.00	
Family $30.00	

- Family members must be living in the same residence and have a single address.
- Family membership can be extended to related minor children living with other family members.
- Year end points will accumulate after membership is received.
- Only members are eligible for season end awards.
- Members must ride a majority of shows to be eligible for season end awards.
- Membership term renews at the first show of the summer season. Membership received after that will not be prorated.

WAIVER OF LIABILITY STATEMENT AND BASIC RESPONSIBILITIES OF PARTICIPANTS

IN CONSIDERATION OF STILLAGUAMISH VALLEY HORSEMEN 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 STILLAGUAMISH VALLEY HORSEMAN, 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 AND MEMBERS OF MY FAMILY, I HEREBY RELEASE AND FOREVER HOLD HARMLESS STILLAGUAMISH VALLEY HORSEMEN, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES FROM ANY CLAIM THAT MAY ARISE AGAINST ANY OF THEM ARISING AT ANY PROPERTY THAT AN EVENT OR MEETING IS HELD OR ARISING FROM THE ABOVE-DESCRIBED EVENT. EACH PARTICIPANT AND/OR GUARDIAN IS RESPONSIBLE FOR THEIR OWN RIDING EQUIPMENT AND THEY ARE TO MAINTAIN CONTROL OVER THEIR OWN HORSE(S) AT ALL TIMES. ALL MINORS MUST HAVE A GUARDIAN PRESENT AT ALL EVENT OR MEETINGS AND IS SOLELY RESPONSIBLE FOR THEIR MINOR. THE GUARDIAN MUST ALSO BE IN VIEW OF THEIR MINOR AT ALL TIMES DURING ANY EVENTS OR MEETINGS BEING HELD BY STILLAGUAMISH VALLEY HORSEMEN. WASHINGTON STATE WAC RULE 4.24.540 EQUINE LIABILITY LAW APPLIES TO ALL PARTICIPANTS. 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, MINORS I HAVE SIGNED FOR AND SVH.

SIGNATURE of MEMBER or PARENT/GUARDIAN of MINOR_____

PRINT NAME _____ DATE _____