



Atascadero Horsemen's Club
P.O. Box 2756
Atascadero, CA 93423-2756

2021 Membership Application
www.atascaderohorsemensclub.com

The purpose of the Atascadero Horsemen's Club is recreation of its members, to participate in riding events as a group, to promote trails for horseback riding, to provide programs of interest to its members and to participate in related community services. **Mail this form and your check or money order (made out to Atascadero Horsemen Club). Sorry, we do not accept credit/debit cards and please have exact payment if paying in cash.**

Membership

Atascadero Horsemen Club
P.O. Box 2756
Atascadero, CA 93423-2756

Membership Dues: Family - \$40.00 _____
(After June 30th - \$20.00)

Individual - \$35.00 _____
(After June 30th - \$17.50)

Membership: New _____ Renewal _____ Today's Date: _____

First Name: _____ Last Name: _____
Please Print Please Print

First Name: _____ Last Name: _____
Please Print Please Print

Address: _____

City: _____ Zip: _____ Phone: _____

E-mail address: _____

Monthly newsletter and updates on rides are sent by email – please print clearly and legible.

Emergency Contact Person: _____ Phone #: _____

*Membership Roster is distributed once a year to our members – if you **DO NOT** wish to have your information listed on the membership roster please indicate which information **should not** be displayed. Otherwise, we will display your information for the members of Atascadero Horsemen's Club. _____ Address _____ Phone _____ Email*

If this is a family membership, list all members and ages of those under 18.

Name _____ (age) _____ Name _____ (age) _____

Name _____ (age) _____ Name _____ (age) _____

Name _____ (age) _____ Name _____ (age) _____

Minors under the age of 18 MUST wear ASTM/SEI approved Equestrian Safety Helmets to participate in Atascadero Horsemen Club events. **LIABILITY RELEASE IS A REQUIREMENT, READ & SIGN BACK SIDE OR YOUR APPLICATION WILL BE RETURNED TO YOU.**

ATASCADERO HORSEMEN'S CLUB, INC.

LIABILITY RELEASE & ASSUMPTION OF RISK AGREEMENT - 2021

READ CAREFULLY BEFORE SIGNING

- A. **Personal Medical Costs Responsibility and Medical Insurance Disclosure:** I/We agree that, should medical treatment be required for any participant(s) for whom I am/we are responsible, and/or my medical insurance shall pay for all such incurred expenses.
- B. **Personal Responsibility and Liability Insurance:** I/We agree that, I/we shall be responsible for my negligent acts and the negligent acts of my family members and/or legal wards and animals, and I/we do carry liability insurance protection for such occurrences now in force.
- C. **Inherent Risks / Assumption of Risks:** I/We acknowledge that, risks, conditions, and dangers are inherent in horse/equine/ animal activities, regardless of all feasible safety measures which can be taken, and I/we agree to assume them. Horseback Riding is a sport which carries inherent risks of injury and damage to me/us, my horse and property. I am/we are not relying on Atascadero Horsemen's Club to list all possible risks. I/we knowingly assume all risks, whether known or unknown of horseback riding. I/We acknowledge that I/we must be financially responsible for having my own accident insurance to cover the inherent risks or injury to myself or my horse or any damage to my property that is associated with horseback riding and related activities.
- D. **Conditions of Nature Warning, Unfamiliar and Sudden Sights, Sounds, and Movements Warning:** I/We acknowledge that, Atascadero Horsemen's Club is NOT responsible for total or partial acts, occurrences, or elements of nature and/or sudden and/or unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. I am/We are not relying on the Atascadero Horsemen's Club to list all possible conditions.
- E. **Liability Release:** I/We hereby release the Atascadero Horsemen's Club, hereinafter referred to as ("AHC"), from all liability for any act of negligence or want of ordinary care on the part of AHC and/or any of its agents. In consideration of my participation in event organized or sponsored by AHC, I/we waive, release, and discharge AHC, its directors, officers, agents, and members, their representatives, heirs, executors, assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. This agreement is binding upon my executors, heirs, and assigns. I/We expressly waive any rights I/we may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor." I/We agree that I/we will indemnify and hold harmless AHC, their officers, directors, members, and agents against all claims, demands, and causes of action, including court costs, actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld. AHC, its agents or employees shall not be liable for any damage which may accrue from any cause or a result of fire, theft, running away, state of health, injury to person, horse or property.

Signer Statement of Awareness:

I/We, the undersign, represent that I/we have read and do understand the foregoing agreement, liability release and assumption of risk agreement, and I/we understand that by signing this document I am/we are giving up rights to sue today and in the future. I/We attest that all facts are true and accurate. I am/We are signing this while of sound mind and not suffering from shock, or under the influence of alcohol, drugs or intoxicants.

EACH Person must sign the Release Form: Parent/Guardian must sign for Minor.

1. _____
Print Name Signature Date

2. _____
Print Name Signature Date

Print Below: The names and ages of all minor children and legal ward participants for which I am/we are legally responsible.

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____