

2019 MEMBERSHIP FORM

Capital City Horse and Pony Club

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

4H CLUB (If Any): _____ COUNTY: _____

- *Members whose dues are received prior to April 1 are eligible for a \$5.00 discount.*

Membership Type	_____ Youth Membership (18 & Under)	\$30.00	Amount Paid \$ _____
(check one)	_____ Individual Adult	\$35.00	Circle one : Cash or Check
	_____ Family	\$40.00	

Family Memberships

- Please list family members included in the membership. Birth dates **MUST** be included.
- 18 and Under youth must reside in the residence of Adult/Family membership to be eligible for family membership.
- Missing DOB may disqualify participants from year end awards.

Adult: _____ Age: _____ DOB: _____

Adult: _____ Age: _____ DOB: _____

Youth: _____ Age: _____ DOB: _____

Youth: _____ Age: _____ DOB: _____

Youth: _____ Age: _____ DOB: _____

Youth: _____ Age: _____ DOB: _____

Applicant's Signature: _____ Date: _____

Please mail completed membership form and check (Payable to Capital City Horse and Pony Club) ATTN: Secretary, P.O. Box 251, Raymond, NE 68428

MINOR'S RELEASE, ASSUMPTION OF RISK INDEMNITY AGREEMENT – CAPITAL CITY HORSE AND PONY CLUB

We the undersigned, hereby request that the below named minor be granted permission to participate as a contestant in any and all horse show events held on the Capital City Horse and Pony Club grounds.

1. Release, discharge and agreement not to sue the officers of Capital City Horse and Pony Club or volunteer members of the club from any or all claims and liability arising out of strict liability or ordinary negligence of releases or any other participant which causes the undersigned or mount injuries, death, damages or property damage. We the undersigned, jointly severally and in common, consent to hold releasers harmless and to indemnify releases from any claim, judgment or expense.
2. Understand that minor's participation in horse show events contain DANGER and RISK OF INJURY or DEATH TO THE MINOR. That conditions of the arena change from time to time and may become more hazardous, that rodeo animals are dangerous and unpredictable, and that there is inherent danger in activities which we each appreciate and voluntarily assume because the minor and we choose to do so. Each of the undersigned have observed events of the type that the minor seeks to participate in. We further understand the arena surface, access ways, or lack thereof, lighting or lack thereof, and that weather conditions change and pose a danger to the minor. We further understand that other contestants and participants pose a danger to the minor, but nevertheless, WE EACH VOLUNTARILY ELECT TO ACCEPT ALL RISK in participation in events.
3. Releaser, parents or guardians of the undersigned minor agree to indemnify the releasers and each of them from any loss, liability, damage or costs that may incur due to the presence or participation of the minor in the described activities whether caused by negligence of the releasers or otherwise.

WE HAVE READ THIS DOCUMENT. WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. WE APPRECIATE AND ASSUME ALL RISKS INHERANT AT CAPITAL CITY HORSE AND PONY CLUB EVENTS. THIS RELEASE WILL REMAIN ACTIVE THROUGH THIS SHOW SEASON FROM THE DATE SIGNED UNTIL DECEMBER 31 OF THE SAME YEAR.

_____ Signature of Legal Guardian or Parent

_____ Name of Participant

On this date: _____ before me personally appeared _____. To me, known to be the person who executed the foregoing Release and acknowledged that they signed as their free act and deed.

My Commission Expires: _____ Notary Public: _____

EMERGENCY CONTACT INFORMATION: NAME: _____ PHONE: _____