

M-T Saddle Club Indemnification and Release Form

Please read carefully before signing. This is a release of liability and waiver of your rights.

I understand that Equestrian activities can be dangerous and I acknowledge that participation in Williston M-T Saddle Club Arena activities as a competitor, volunteer, spectator or clinicians or judge, exposes the participants to risks of property damage, personal injury, or even death. I assume all risks to my children, my guests, and myself. In consideration for myself, my family, and my guests being permitted to participate in Williston M-T Saddle Club Arena activities, and personal use of the Williston M-T Saddle Club Arena. I hereby indemnify and agree to hold harmless and release the Williston M-T Saddle Club officers and directors and the Williston M-T Saddle Club members, sponsors, and volunteers from liability and any and all claims for any and all property damage, personal injuries, or any and all claims or other claims including demands or causes of action as a result of, that known and unknown, foreseen and unforeseen, future and contingent.

Signature (Parent or Guardian if under 18 yrs of age)

Date

Mailing Address

Phone

E-mail

ATTN. - WE REQUIRE YOUR FAMILY/YOU TO WORK 3 EVENTS PER FAMILY THROUGHOUT THE YEAR. AT THE END OF THE YEAR IF YOUR FAMILY/YOU HAS NOT WORKED THE 3 EVENTS, YOUR FAMILY/YOU WILL BE CHARGED \$100 PER EVENT NOT WORKED. IF THIS DEBT IS NOT PAID BY THE NEXT YEAR YOUR FAMILY/YOU WILL NO LONGER BE ABLE TO PARTICIPATE.

Immediate Family Members Participating:

Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____
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Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____
Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____

ATTN. - IF YOUR FAMILY/YOU HAVE ANY NON-IMMEDIATE FAMILY MEMBERS THAT ARE GOING TO PARTICIPATE UNDER YOUR FAMILY/YOUR MEMBERSHIP, YOUR FAMILY/YOU WILL BE REQUIRED TO WORK ANOTHER ADDITIONAL 3 EVENTS. AT THE END OF THE YEAR YOUR FAMILY/YOU WILL BE CHARGED \$100 PER EVENT NOT WORKED. IF THIS DEBT IS NOT PAID BY THE NEXT YEAR, YOUR FAMILY/YOU WILL NO LONGER BE ABLE TO PARTICIPATE.

Non-Immediate Family Members Participating:

Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____
Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____
Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____
Name: _____ Birth Date: _____ Age: ____ Shirt/Jacket Size: _____

Please return form to:
M-T Saddle Club
PO Box 175
Williston, ND 58802-0175

For Office Use Only

Membership Paid by:

Cash

Check