## **Pacific Crest Rocky Mountain Horse Club**

# A Rocky Mountain Horse Association Affiliate Club Application for Membership

Membership year is January 1 – December 31

**CONTACT:** PacificCrestRMHC@gmail.com

Type of Membership Applying For – Please Check Type and Circle Applicable Fee:

Check Type	Membership Type	Description	1 Year Fee	2 Year fee	3 Year fee	New or Renewal
	Junior	Under 18 years	\$20	\$30	\$40	
	Single	Over 18 years	\$30	\$45	\$65	
	Family	2 adults in same household & children under 18	\$40	\$65	\$80	

Communication is done mostly through email. Please print all member names and

email addresses to be included in this membership.				
Name:	Email Address:			
Mailing Address:				
Phone Number:				

Treasurer's Notes:		
Date received:		
Fees paid:		
Check or Venmo:		
Circle member type:		
S F Jr.		
1yr 2yr 3yr		
Added to contact list		

<b>Payment</b>	Opt	ions
----------------	-----	------

#### CHECK

Make check payable to:

PCRMHC

Mail check and this form to:

Debi Kramer 2768 Brushy Canyon Trail Cool, CA 95614

#### VENMO

Venmo ID: Pacific Crest RMHC @PacificCrestRMHC

#### Mail this form to:

Debi Kramer 2768 Brushy Canyon Trail Cool, CA 95614

OR scan form to:

PacificCrestRMHC@ gmail.com

MEMBERSHIP AMOUNT ENCLOSED: CLUB SPONSORSHIP DONATIONS ARE WELCOMED:	
леmbership expires:	

\*Note: All adult members – please sign the Release of Liability form on page 2

### Pacific Crest Rocky Mountain Horse Club Release of Liability

I acknowledge that horse related activities are a sport, which carries inherent risks of injury and damage to myself, my horse and property. I knowingly assume all risks, whether known or unknown of these horse related activities. I acknowledge that this release shall be in effect from the date of my signature through December 31st of the calendar year my membership shown above expires.

I hereby release Pacific Crest Rocky Mountain Horse Club (PCRMHC), from all liability for acts of negligence or want of ordinary care on the part of PCRMHC or any of its agents.

In consideration of my participation in events organized or sponsored by PCRMHC, I waive, release and discharge PCRMHC, its directors, officers, agents and members, its representatives, heirs, executors and 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 expressly waive any rights I may have under California Civil Code 1542, which states: "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 agree I will indemnify and hold harmless PCRMHC, its officers, directors, members and agents against all claims, demands and causes of action, including court costs and actual attorney fees arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

PCRMHC, its agents or employees shall not be liable for any damage, which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

All Adults, please sign, date and print your name, that I acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: \_\_\_\_\_

Printed Name:					
Signature:	Date:				
Printed Name:					
For Junior Membership Only:					
I, the undersigned parent or guardian of the above participant, in consideration of my minor's participation in the event, agree that the terms and conditions of this <b>Release of Liability</b> shall be binding as to damage or injury to my minor, his/her animals, and property arising out of his/her participation in events. I acknowledge that I have read this <b>Release of Liability</b> and know and understand its contents. <b>Juniors (18 and under)</b> are required to ride with a helmet when on a horse at all times.					
Parent or Legal Guardian Printed Name:					
Parent or Legal Guardian Signature:					