

Saguaro State Shetland Pony & Miniature Horse Club

2009 Membership (January 1-December 31)

\$25.00 Membership Dues - includes all persons living permanently at this address. You must include their names below (spouse, children, relatives, etc.)

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ e-mail _____

May we send your newsletters via e-mail to save postage? ____ Yes ____ No

May we publish the above information in our newsletter and/or membership roster?
____ Yes ____ No

MEMBERS' ASSUMPTION OF RISK AND LIABILITY RELEASE FORM (Read carefully)

I/we intend to participate in equestrian activities sponsored by or affiliated with the Saguaro State Shetland & Miniature Horse Club (SSC) and are fully aware that certain inherent and unavoidable risks, hazards, and dangers are involved in any equestrian activity. My/our participation in these activities is purely voluntary, and I/we elect to participate fully aware of the risks, hazards, and dangers. Therefore, I/we agree to accept and assume all responsibility and risks for any injury, discomfort, illness, disease, death, or damage to my/our person or property arising from my/our participation in these activities. Further, I/we agree not to hold the SSC nor its members, volunteers, officers, or agents, including owners or proprietors of the premises or facilities hosting these activities, liable for any and all claims, demands, actions, or rights of action which are related to or arise in any manner out of my/our participation in these activities. This release of liability includes, but is not limited to, any negligent act or omissions of the SSC, its members, officers, volunteers, insurers, or other agents, which may result in my/our personal injury, discomfort, illness, disease, death, and/or damage to property. I/we have read this Members' Assumption of Risk and Liability Release Form and understand the significance of all of its terms. In signing below, I/we freely agree to all its terms, and if applicable, I/we extend the same Risk and Liability Release to include all children under 18 in my/our guardianship.

Signatures of Member(s) 18 years & older

Names of children under 18 included _____

Date _____

Please mail completed form with payment (make checks payable to "SSC) to:

Vicki LaBelle, 21475 Juniper Ridge Rd., Paulden, AZ 86334