

TRI VALLEY TRAILBLAZERS 2012

Membership Application and Renewal

- | | |
|---|---|
| <input type="checkbox"/> (A) <u>Family Membership – \$38.00</u>
<u>Two</u> voting members per family
(both must be 16 yrs or older) | <input type="checkbox"/> <u>Single Membership – \$30.00</u>
<u>One</u> voting member (must be 16 yrs or older) |
| <input type="checkbox"/> (B) <u>Family Membership – \$35.00</u>
<u>One</u> voting member per family
(must be 16 yrs or older) | <input type="checkbox"/> <u>Newsletter Only – \$12.00</u>

<input type="checkbox"/> <u>APPLICABLE TO FIRST-TIME MEMBERS ONLY:</u>
After July 1st, pay 50% of the annual membership fee. |

Voting Member (1st): _____ DoB: ____ / ____
(mm/dd)

E-Mail (1st): _____ Cell: (____) _____

2nd Member: (✓ if voting) _____ DoB: ____ / ____

E-Mail (2nd): _____ Cell: (____) _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work (1st): (____) _____ Work (2nd): (____) _____

Member Health Ins. Co.: _____ Policy #: _____

Emergency Contact Information:

_____	_____ (____) _____	_____
<i>Name</i>	<i>Relation</i>	<i>Phone Number</i>

List other non-voting family members who will be participating in club activities.
 Indicate age if under 16 years of age. *Do not list family members who will **not** be active:*

Name of Horse	Breed	Color	Age

I acknowledge that I have read the *Ride Safety Policy and Rules* and the *Tri Valley Trailblazers Bylaws* and know and understand their contents. (These documents are available online, for viewing or printing, at <http://www.trivalleytrailblazers.com>).

Signature: _____ Date: _____

Mail the completed and signed Membership Application and Liability Form (**both pages of this document**) with a check, payable to **Tri Valley Trailblazers**, to the Membership Chairperson:

Constance Jaegel
 9255 Tesla Rd.
 Livermore, Ca 94550
 (925) 449-6699

Tri Valley Trailblazers RELEASE OF LIABILITY

(Please print except for signatures)

Member(s): _____

Address: _____

City/State/Zip: _____ **Phone:** _____

I acknowledge that activities involving horses carry inherent risks of injury and damage to myself, my horse, property and wards. I knowingly assume all risks, whether known or unknown of horse-related activities.

I hereby release the Tri Valley Trailblazers Club and any individual or group acting in the interests of the Tri Valley Trailblazers Club from all liability for any act of negligence or want of ordinary care on the part of the Tri Valley Trailblazers Club, their directors, officers, agents and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, my property and my wards 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: "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 agree that I will indemnify and hold harmless the Tri Valley Trailblazers Club and any individual or group acting in the interests of the Tri Valley Trailblazers Club 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.

The Tri Valley Trailblazers Club, 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, animal, property or ward.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: _____ **Date:** _____
(include signature of each family club member)

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Minors do not sign below: parent or legal guardian must complete this section

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 Release of Liability shall be binding as to damage or injury to my minor, his animals and property arising out of his participation in events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Parent/Legal Guardian Name: _____

Address: _____

City/State/Zip: _____ **Phone:** _____

Parent or Guardian Signature: _____ **Date:** _____