

**SUMMIT RIDERS HORSEMAN'S ASSOCIATION  
MEMBERSHIP APPLICATION**

**Check type of membership and circle dollar amount applicable**

- 1st-time Individual** membership \$30
  - 1st time members, please tell how you learned about the club?
  - \_\_\_\_\_
- Individual** renewal membership **if paid by Feb. 1** \$25
- Individual** renewal membership **if paid after Feb. 1** \$35
- Family membership** includes all dependents as defined by IRS
  - 1st-time Family** membership \$35
  - Family** renewal membership **if paid by Feb. 1** \$30
  - Family** renewal membership **if paid after Feb. 1** \$40
- Out of state** membership \$15

**Member Information (Head of Household):**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Member Information (Partner):**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Children's name(s) and age(s):**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail application and check made payable to **S.R.H.A.** to:

**Melany Moore, 25000 Hutchinson road, Los Gatos, CA 95033**

Liability Release must be signed each year and by each person included in membership.

Please make copies as needed.

**SUMMIT RIDERS HORSEMAN'S ASSOCIATION, INC.**

**Participant's Release and Hold Harmless Agreement**

*(This Agreement contains important limitations of legal liability. Please read carefully before signing.)*

I, \_\_\_\_\_, desire to attend or participate in one or more events (each one a "Horse Event") sponsored or facilitated by Summit Riders Horseman's Association, Inc., a California non-profit corporation ("SRHA"). A Horse Event may include activities such as horse riding, training, taking lessons, attending clinics and seminars, or caring for horses.

I acknowledge (a) any Horse Event and all horse-related activities are dangerous and contains inherent risks such as bodily injury, physical harm, and damage to me, my horse(s), my property, and spectators; (b) horses have unpredictable temperaments which can cause behavior leading to injury or damage; (c) even an experienced horse owner cannot predict how each horse will react in a variety of situations and cannot guarantee my safety; and (d) an inherent risk of riding is falling off the horse.

By signing below, I knowingly assume for myself and my spouse (if applicable) all inherent Horse Event risks, known or unknown:

1. I hereby release SRHA and its members, Board of Directors, officers, employees, independent contractors, agents, and volunteers; Ron Parker; Randy Parker; Sandi Parker; all other persons and organizations involved with facilitating the Horse Event; and all their representatives, heirs, administrators, successors and assigns (each a "Released Party") from any actions, claims, demands, damages, attorneys' fees or costs of any kind (the "Claims") related to my participation or attendance at a Horse Event. This release applies to and includes all known and unknown and unexpected claims referred to in Section 1. I have read California Civil Code Section 1542, which provides: **"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."** I waive all rights otherwise available under Section 1542, having had full opportunity to consult with counsel.

2. I will defend, indemnify, and hold harmless any Released Party against any Claims related to any (a) act or omission by me, my horse(s) or my guests, or (b) proceeding brought for my benefit arising from my participation or attendance at any Horse Event.

3. I acknowledge that at any Horse Event, photos or other digital recordings are usually taken by SRHA in the spirit of having a recorded memory of a great time. I hereby grant full permission to SRHA and/or its authorized agents to use my full name, image, likeness, and/or voice in any photograph, video, audio, or any other recording in whatever form (the "Recording") and to use it for any legitimate purpose related to SRHA. Any Recording will be exclusively owned by SRHA.

4. This Agreement is governed by California law and is binding on my administrators, executors, heirs, successors, and assigns. It contains the entire agreement among the parties. If any portion is deemed by a court of competent jurisdiction to be unenforceable, that portion shall be severed from the remaining portions, which shall remain in full force.

I have read this Agreement carefully and understand it. It is effective when signed and continue until revoked in writing by me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(If under 18) Date of Birth: \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
Emergency phone # \_\_\_\_\_ Email address \_\_\_\_\_

**MINORS MUST HAVE THE FOLLOWING LIABILITY WAIVER SIGNED BY THEIR PARENT OR LEGAL GUARDIAN**

We, the undersigned parents of \_\_\_\_\_, for and in consideration of my child's participation in one or more SRHA Horse Events, state that we have read the above Agreement and expressly agree that the terms and conditions of this Agreement apply to and are binding on us and my minor child insofar as it pertains to his or her participation in a Horse Event, a Recording, and to any injury or damage said minor child or his/her horse may sustain or cause as a result of said participation. We further warrant we have health and accident insurance on said minor. I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, California.

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Father: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that I have read the foregoing paragraphs and understand the content thereof.

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

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