

2020 MEMBERSHIP FORM AND WAIVER

MINNESOTA WHIPS & WHEELS CARRIAGE & DRIVING SOCIETY

MEMBER NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

A single person membership via e-mail \$20 _____

A single person membership via US mail \$30 _____

A family membership via e-mail \$30 _____

A family membership via US mail \$40 _____

Would you like your e-mail address to appear in the membership list? _____

Would you be willing to host a monthly drive? _____ Possible Month(s) _____

Would you be willing to host a sleighing party? _____ Possible Month(s) _____

What kinds of programs would you like to see at our meetings? _____

What other events do you think the club should sponsor (clinics, dances, shows, carriage collection visits, fun days, etc.)

Would you be willing to give a clinic, seminar, or program? _____

2020 YEARLY LIABILITY WAIVER

Voluntary Participation: I agree that I, the undersigned, do for myself or on behalf of my child, spouse, or legal ward, herby voluntarily participate in the events and that I/We participate in the events totally at our own risk for injuries or property damage we may incur in relation to events.

Incident Costs Responsibility and Medical Insurance Disclosure: I agree that I/We will be responsible for any and all costs incurred for us for injuries or property damage I/We incur and that I/We are covered by accident-medical insurance coverage now in force.

Personal Responsibility: I agree that I am responsible for the negligent acts of my family members and/or legal wards and animals, and I do carry personal liability insurance now in force.

Personal Financial Losses: I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the premises where events are held.

Protective Headgear Warning: I agree that I have been fully warned and advised by this club that I should purchase and wear protective headgear that meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, while riding, driving, being near, and working near horses. I understand that the wearing of such headgear may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences.

Liability Release: I agree that I hereby, for myself, my family members, my heirs, administrators, personal representatives, and assigns, do agree to hold harmless, release and discharge this club, its owners, agents, employees, officers, directors, representatives, assigns, members, premise owners, affiliated organizations, insurers and others acting on its behalf, of all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated due to this club's ordinary negligence; and I do further agree that , except in the event of this club's gross negligence, I shall bring no claims, demands, legal actions and causes of action, against this club and its associates as stated above in this clause for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of this club, to include but not limited to, while riding, driving, handling or otherwise being near horses and other equine species.

Coggins: The undersigned states that he/she is in possession of a negative coggins test for the horse or horses that are at any club events and that test was drawn within the last 12 months.

Rides: I understand that there are to be no rides given to the public, and understand that if I, my group, or family were to do so that I would take total responsibility upon myself, my group, or family for any injuries caused as a result of giving rides and I would hold harmless the Minnesota Whips and Wheels and any of their officers, directors, employees, agents, and volunteers.

Safety: I will submit to a safety check of my vehicle and harness by the society's designated safety officer. I understand that failure to pass the safety check will result in not being allowed to participate in the event until the unsafe conditions are corrected and approved by the safety officer. I agree that I will **NEVER** remove the bridle from the horse while it's still hitched to the carriage. I agree that I will **NEVER** remove the reins/lines from the bridle of a horse still hitched to a carriage. I agree that I will **NEVER** leave a horse that is still hitched to a carriage tied up by itself. I agree that I will **ALWAYS** have the whip/driver enter the carriage first and leave the carriage last with the reins/lines in hand. Unsafe driving practices (i.e.: cantering in harness, unsafe passing, etc.) that could endanger yourself or others will result in your being asked to leave the event.

Youthful Drivers: Youthful drivers under the age of 14 must be accompanied by a knowledgeable/experienced adult horseman *in the vehicle* at all times per American Driving Society Rules. The **ONLY** exception being a knowledgeable/experienced minor driving a **MINI** with a knowledgeable/experienced adult horseman in close proximity.

Photo Release: I **DO** consent _____ / **DO NOT** consent _____ to and authorize the use of any and all photographs or audiovisual materials for promotion, education and exhibition or any other use to benefit Minnesota Whips & Wheels.

STATEMENT OF AWARENESS: I, THE UNDERSIGNED, BEING OF LEGAL AGE, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

Name of all Minor Participants in the events for whom I am legally responsible:

EACH LEGAL AGE PARTICIPANT, PARENT OR LEGAL GUARDIAN MUST SIGN:

Participant's Signature: _____

Spouse's Signature: _____

Other participating adults residing at the same address must sign for themselves: _____

PLEASE SIGN & RETURN THIS MEMBERSHIP FORM AND WAIVER ALONG WITH YOUR DUES TO: Mail to:

Minnesota Whips & Wheels
Attn: Wendy Leffingwell
41989 Cty 50 Blvd
Wanamingo, MN 55983