

## CIRCLE K-D TRAILRIDERS 2018

## **MEMBERSHIP FORM**

If paid before APRIL 19 Date:				ngle/\$80 Family Check #
Name:	Emo	ail Address: _		
Address:				
City, State, Zip:				
Telephone Number:	Other Number:			
Preferred Communication:	Call	E-mail	Text	(circle one)
If you have any talents you cou	uld contribute to C	ircle KD let us	know:	
How Did you Hear about Circl	le KD?			
If this is a family membership **NOTE: Limit 2 adults (22 yrs. old or children or stepchildren.				
(Name - first, last)				
(Name - first, last)				age, (if child)
(Name - first, last)				age, (if child)
				age, (if child)
Please read the following and conclude the control be left unattended present at all activities, in the even must have designated another adult participant. The person designated required in the event of emergency I have a child under the age of 18, in event of an accident:	In that the parent or large the parent or large 18 or over) red by the parent or legg.	rship form as real the age of 18 and egal guardian is esponsible to make gal guardian of the	equired. The required to he unavailable, the decisions of the minor must	ne parent or legal guardian n behalf of that minor be listed below. This is
Name (first, last) of minor:				
Name (first, last) of adult(s) to be	responsible:			

## IMPORTANT INFORMATION

- 1. Riders ride at their own risk.
- 2. By signing this form, you are agreeing to allow Circle KD to use any pictures taken at a Circle KD event to be used either in print or on the Internet to advertise and help promote Circle KD Trailriders Club (website and Facebook, amongst some possible other sites.)
- 3. All Circle K-D rules must be followed. The Rules and Regulations & By-Laws will be provided to all new members. Rules & Regulations are also found on our website, www.circlekd.com.
- 4. <u>Circle K-D members will be assigned a Director for the year.</u> Members are required to work 2 play nights, 1 show, and 1 grounds event (either a clean up or mounted shooter event). Refer to the rules and regulations where the duration of work per event is defined. At the beginning of the season, you will be notified by email (unless requested otherwise) who your director is along with their contact information and designated play nights. They'll contact you to confirm which of their play nights you will work. If you pick dates that later need to be changed, it's your responsibility to notify your director & find someone else on your directors team to fill in or trade with you. Feel free to contact your director with any questions and they'll be happy to help! Please note below which show and grounds event you will work during the 2018 Season:

1 Show(note Rain Dates Apply) & 1 Clean Up or NIO Event:
Additional events that I am not required to work but would like to Volunteer for:
If you would like to be assigned to a specific Director, please identify them here:*Note: Work requirements do not apply to Non-Rider Memberships
CURRENT NEGATIVE COGGINS IS REQUIRED TO PARTICIPATE IN ANY CIRCLE KD EVENT OR TO BE ON OUR GROUNDS-NO EXCEPTIONS!!
I, the undersigned participant, parent, or legal guardian have read and understand this membership form in its entirety. also acknowledge that I have received and agree to abide by the Rules and Regulations of Circle KD.
Signature:Date:
EQUINE ACTIVITY LIABILITY ACT  Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of Equine activities. I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family or guest may incur and I acknowledge that I hereby release and hold harmless Circle K-D Trailriders, their officers, directors, members, sponsors and/or co-sponsors as well as any affiliated organizations and others acting on its behalf from any claim, legal liability, legal action or right of damages from any accident which may occur to me, my family and my equine and/or canine animal(s). I also assume and accept full responsibility for any damages done by me, my family and my equine and/or canine animal(s) while participating in this event or being present on these facilities. I have been provided the Circle K-D rules and regulations and understand the requirements for membership including working requirements. I have read and understand these rules and the Equine Activity Liability Act.  I, the undersigned Participant, Parent or Legal Guardian have read and understand the above agreement and release. Participants under 18 years of age must have parent or legal guardian sign.  Signature of applicant (if minor, must have parent or guardian signature)  Date
Signature of applicant (if minor, must have parent or guaratan signature)  Date

Please send completed forms to: Linda Odom, P.O. Box 6, Genoa, IL 60135