

CIRCLE K-D TRAILRIDERS 2024 MEMBERSHIP FORM

Name:	Membership Type/Dues (circle one)	
Address:	<u>Working*</u> :	Non-Working
City, State, Zip:	Single \$60.00 Family \$100.00	Single \$300 Family \$600
Telephone Number:Alt. Number:	' \$5 service charge using PayPal	
Email Address:	Non-Rider \$15.00	
Preferred Communication (circle one): Call E-mail Text	If Working Member dues are paid by APRIL 1 sT , paythe Early Bird rate of \$40 Single/\$80 Family	
For FAMILY MEMBERSHIP please indicate all family members' names and children's ages.	Date:	
**NOTE: Limit 2 adults (22 yrs. old or older) per family membership. Family membership is limited to household. A	Amt. Paid \$	
single adult, with a child that is 10 and under, are only required to work 5 credits.	Check #	
(Name - first, last)		
(Name - first, last)		
(Name - first, last)age, (if child) (Name - first, last)	Circle KD Rules Regarding Participants Under 18 Years Old (Minor)	
(Name - first, last)	Children cannot be left unattended. Participants under the age of 18 years old are required to	
(Name - first, last)	have a parent or legal guardian present at all activities, in the event that the parent or legal	
age, (if child) (Name - first, last)	guardian is unavailable, the parent or legal guardian must have designated another adult	
age, (if child)	(age 18 years old or ol	der) responsible to make that minor participant. The
Authorization for Participant under 18 years old(minor): In my absence I authorize the following adults to be responsible for this minor in event of an accident:	person designated by the parent or legal guardian of the minor must be listed in the Authorization box. This is required in the event of emergency.	
Print first/last name of minor:		
Print first/last name of adult(s) to be responsible:	Continued	I on the Back
Phone:		

Important General Information: Work Opportunities for Working Memberships: Each individual membership must earn 5 work credits, each family 1. Riders ride at their own risk. membership must earn 10 work credits. Work credits can be earned as 2. By signing this form, you are agreeing to allow Circle KD to use follows: any pictures taken at a Circle KD event to be used either in print or • One playnight: 1 work credit on the Internet to advertise and help promote Circle KD Trailriders Half day of a show (4 consecutive hours): 1 work credit ٠ Club (website and Facebook, amongst some possible other sites.) Full day of a show (8 consecutive hours): 2 work credits ٠ 3. All Circle K-D rules must be followed. The Rules and Regulations Cleanup: 1 work credit per 4 hours worked • & By-Laws will be provided to all new members. Rules & NIO (Northern Illinois Outlaws - Mounted Shooters) event: 1 • Regulations are also found on our website, www.circlekd.com. work credit per 4 hours worked 4. Circle K-D members will be assigned a Director for the year. Obtain a sponsor: Walk Level: 1 work credit, Trot Level: 2 work • 5. Proof of current negative Coggins is required for all horses on credits, Canter Level: 3 work credits our grounds for all activities. No exceptions. Grounds maintenance: 1 work credit for every 4 hours worked ٠ Serve as an Officer: 3 work credits • Serve as a Director: 1 work credit to attend meetings, then 1 Equine Activity Liability Act: work credit for each playnight they direct Under the Equine Activity Liability Act, each participant who engages in an **Members must attend and ride in 4 Thursday playnights to earn year equine activity expressly assumes the risks of engaging in and legal end award.** responsibility for injury, loss or damage to person or property resulting These work opportunities are designed to be flexible and inclusive of from the risk of Equine activities. Release: I acknowledge that I, the people at all stages of life and careers. Members desiring to join in future Participant, Parent or Legal Guardian, participate in this event totally at my years but have not completed their work credits will be charged an own risk for injuries or property damage I or my family or guest may incur additional \$40 per work credit not completed at the beginning of the and I acknowledge that I hereby release and hold harmless Circle K-D following year. For example, an individual pays \$40 early bird dues, then Trailriders, their officers, directors, members, sponsors and/or coonly earns 1 work credit: If they want to sign up again the following year, sponsors as well as any affiliated organizations and others acting on its their dues are \$200. \$40 is the base membership dues, plus \$160 for behalf from any claim, legal liability, legal action or right of damages from work credits they didn't earn. any accident which may occur to me, my family and my equine and/or At the beginning of the season, you will be notified by email (unless canine animal(s). I also assume and accept full responsibility for any requested otherwise) who your director is along with their contact damages done by me, my family and my equine and/or canine animal(s) information and designated play nights. They'll contact you to confirm while participating in this event or being present on these facilities. I have which of their play nights you will work. If you pick dates that later need been provided the Circle K-D Rules and Regulations and understand the to be changed, it's your responsibility to notify your director. Feel free to requirements for membership may including working requirements. I have contact your director with any guestions and they'll be happy to help! read and understand these rules and the Equine Activity Liability Act. If you already know what dates you'd like to work or would like to request a specific director, please email our team at circlekd@hotmail.com

I, the undersigned participant, parent, or legal guardian have read and understand this Membership Form in its entirety. I also acknowledge that I have received and agree to abide by the Rules and Regulations of Circle KD Trailriders as well as the aboveEquine Activity Liability Act and Release.

Signature of applicant (if minor, must have parent or guardian signature)

Date

Please send completed form and payment to: Amanda Riesterer, 10447 W Lyndale Ave, Northlake, IL 60164