



CONTRA COSTA 3119 GRANT STREET, CONCORD, CA 94520
COUNTRY HORSEMAN'S ASSOCIATION

FAMILY MEMBERSHIP

Husband's Name..... Birthdate.....
Wife's Name Birthdate.....
Children's Names Birthdate.....
..... Birthdate.....
..... Birthdate.....
Address
Home Phone..... Work Phone.....
Occupations..... Email.....

INDIVIDUAL MEMBERSHIP

Name..... Birthdate.....
Address
Home Phone..... Work Phone.....
Occupation Email.....

Please answer the following questions:

- 1. What other horse groups do you belong to:.....
- 2. Do you own a horse?..... Name, age, breed:
- 3. If you have children, do they ride?..... What are their interests?.....
- 4. Do you own a horse trailer?..... Describe:
- 5. Members are expected to support CCCHA by helping with fundraising activities during the year.

Please circle your areas of interest:

- Horse Show Playday Dances Decorating Snack Bar
- Garage Sale Tack Sale Bake Sale Potluck Set-Up
- Clean-Up Outside Clean-Up Days Other.....

- 6. What are your talents?
Accounting Carpentry Clerical Cooking
Electrical Flooring Large Equipment Operator
Plumbing Public Relations Other (Explain).....

- 7. Would you like to receive the newsletter and other information by email?
Email account to use:

I hereby apply for membership in the Contra Costa County Horseman's Association and if accepted, I agree to actively participate and abide by all rules and regulations set forth in the By-laws.

Signature Date

FAMILY MEMBERSHIP \$40 INDIVIDUAL \$25 JUNIOR \$15
A check for one year's due must accompany this application. **Make checks payable to CCCHA.**
Mail Form and Check to: PO Box 774, Clayton, CA 94517

Sponsored by

Application accepted by Date

Amount received..... Check# Cash.....

IMPORTANT: LIABILITY RELEASE ON REVERSE SIDE MUST BE SIGNED!!



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AGREEMENT AND RELEASE FROM LIABILITY

1. I, the undersigned, acknowledge that I have voluntarily applied to participate in horseback riding, instruction, organized events and other use of animals and/or tack owned by me or its members on the premises of Contra Costa County Horseman's Association (CCCHA) or elsewhere in connection with CCCHA sponsored activities.
2. I, the parent/legal guardian of the minor child named herein, acknowledge that I have voluntarily applied for such child to participate in horseback riding, instruction organized events and other use of animals and/ or tack owned by me or furnished to him/her by CCCHA or its members on the premises of CCCHA property or elsewhere in connection with CCCHA sponsored activities.
3. I AM AWARE THAT THERE IS INHERENT RISK AND DANGER IN HORSEBACK RIDING AND RELATED ACTIVITIES AND THAT AMONG OTHER THINGS, HORSES CAN BE UNPREDICTABLE, CAUSE COLLISIONS WITH OTHER HORSES AND/OR OBJECTS, THAT RIDERS MAY FAIL TO MAINTAIN CONTRAL OF THEIR HORSES, THAT HAZARDDOUS SURFACE AND/OR SUBSURFACE CONDITIONS MAY EXIST ON THE RIDING TRAILS, ARENAS AND OTHER PROPERTY, AND THAT ALL SUCH MAY CAUSE SERIOUS INJURY AND/OR DEATH. I OR THIS CHILD ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND DO HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND/OR DEATH AND REPRESENT THAT I OR THIS CHILD ARE PHYSICALLY FIT AND ABLE TO ENGAGE IN SUCH ACTIVITIES AND VERIFY THIS STATEMENT BY INITIALING HERE:_____.
4. As consideration for being permitted by CCCHA or one of its affiliated organizations to participate in these activities and use of their facilities, I hereby that I/we, my/or assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of CCCHA, members of the Association, owners of individual interest, employees, agents, representatives or any affiliated individuals or organizations, hereinafter CCCHA collectively for injury, death or damage resulting from the negligence or other acts, howsoever caused, by any member, employee, agent or contractor of CCCHA. I/we hereby release CCCHA from all actions, claims, or demands, that I/we, my/our assignees, heirs, distribute, guardians, and legal representatives now have or may hereafter have for injury, death or damaged resulting from my participation in horseback riding, and related activities.
5. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CCCHA AND MYSELF AND SIGN IT OF MY OWN FREE WILL

Executed at Concord, California on _____, 20_____.

RELEASOR:(Please Print)_____ Member: Yes___No___

RELEASOR:(Signature)_____

Minor Child/Children: Date of Birth_____Date of Birth_____Family Membership___

Parent/Guardian (Please Print)_____

Parent?Guardian (Signature)_____