



NEW OR EXISTING WSCSC MEMBERSHIP FORM

(Please Print)

First Name: _____

Last Name: _____

Address: _____

Email Address: _____

Telephone/Cell: _____

Birthday (Month & Day Only): _____

Colorado Waiver Signed Date: _____

Club Waiver Signed Date: _____

DUES

Dues New Members: \$40, due with application Date Paid: _____

Dues Renewing Members: \$35 if pd prior to 3/1/24; \$40 after 3/1/24 Date Paid _____

Membership Dues 2024 (calendar year):

Membership form and check can be mailed to:

WSCSC, PO Box 22, Hotchkiss, CO 81419

EMERGENCY CONTACT INFORMATION:

In Case of an Emergency Contact

Name: _____

Relationship: _____

Telephone Number _____



Statement of Rider and Liability Waiver:
Must be signed before Participating on WSCSC's Trail Ride

I _____, wish to participate in the Women's Surface Creek Saddle Club's Trail Rides (year) 2024. I will comply with the rules, conditions, and regulations of *The Common Sense Guide to Safe & Enjoyable Trail Rides*. As a participant in the WSCSC's club ride I understand that this event involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I agree to take full responsibility for myself and the animal I am riding. I will hold the Woman's Surface Creek Saddle Club, its officers, and all individual members thereof, ride management, sponsors, all ride personnel, the U.S. Government and U.S. Forest Service and all property owners over whose land the ride crosses blameless for any accident, injury, or loss that might occur due to my participation in the Trail Ride and free from all liability for such accident, injury, or loss. As a rider I expect to use good judgment, practice common courtesy, and pay close attention to safety details throughout this event.

Signature(s) below constitute(s) acceptance of the above terms and conditions.

Rider's Signature: _____ **Date:** _____

Horse's Name: _____

NOTE: Junior rider (under 18 years of age) must be accompanied by an adult)

Birth date of Junior Rider: _____

Signature of parent or legal guardian: _____ **Date:** _____

Name of adult responsible for Junior Rider during event: _____

Please print legibly

PHOTO RELEASE [Optional]

I hereby grant permission to Women's Surface Creek Saddle Club to use photographs or video of me and/or my horse for use online (website, social sites and email notifications), news publications and other communications related to the mission of Women's Surface Creek Saddle Club. This includes postmembership. **Do not sign if you do not grant permission.**

Signature: _____

LIABILITY WAIVER

COLORADO §12-21-119 (1990)

I have noted the warning sign posted at the ride sign-in location and acknowledge the following:

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

“Inherent risks of an equine activity” also means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- (a) Propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- (b) The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, person, or other animals;
- (c) Hazards, including, but not limited to, surface or subsurface conditions;
- (d) A collision with another equine, another animal, a person, or an object;
- (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Name of Rider/Participant (print)	Signature of Rider/Participant	Date
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Signature of Parent(s) or Legal Guardian(s) who consent to Junior Rider/participant working and/or riding in Competition. Signature of at least one parent or legal guardian is required while the signature of both parents or legal guardians is preferred.

Parent/Legal Guardian 1 (print)	Signature of Parent/Legal Guardian 1	Date
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Parent/Legal Guardian 2 (print)	Signature of Parent/Legal Guardian 2	Date
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Name of Junior Rider/ Participant	Birthdate
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Name of adult responsible for Junior	Phone
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Owner of Equine, if different from rider (print)	Signature of the equine owner	Phone
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