

Santa Clara County Horsemen's Association, Inc. Membership/Renewal Application 2020

Renewal (due Feb. 15) or New Membership Family \$60 Single \$40 Junior (Single <18) \$40 Pd _____ Check# _____

Last Name: _____ First Name: _____
Address: _____ Spouse: _____
City: _____ State _____ Zip _____ Home Phone: _____
Cell Phone: _____ Spouse Cell Phone: _____
Email Address: _____ Spouse Email: _____

For Family/Junior Memberships: List Minors and Data of Birth Below in the Participant's Hold Harmless Agreement Release of Liability Section.

New Members: Attend three SCCHA events before applying, write a brief bio of horse history/involvement on the back of the application, and have a SCCHA Member Sponsor. After June 15, New Membership is 1/2 price. SCCHA Sponsor: _____

Event #1: _____ Date: _____ Member Signature: _____
Event #2: _____ Date: _____ Member Signature: _____
Event #3: _____ Date: _____ Member Signature: _____

Make check payable to **S.C.C.H.A.** Mail with Application & Release of Liability to: **SCCHA, P.O. Box 20124, San Jose, CA 95160**

LIABILITY RELEASE MUST BE SIGNED ANNUALLY BY EACH ADULT MEMBER AND GUARDIAN OF EACH MINOR/JUNIOR & KEPT ON FILE FOR ALL MEMBERS! PROPERTY OF SCCHA

Santa Clara County Horsemen's Association, Inc. PARTICIPANT'S HOLD HARMLESS AGREEMENT RELEASE OF LIABILITY

I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to my horse, my property and myself. I knowingly assume all risks, whether known or unknown, of horseback riding, instruction, organized events and use of the **Santa Clara County Horsemen's Association** premises. I hereby release the **Santa Clara County Horsemen's Association** from all liability for any act of negligence or want of ordinary care on the part **Santa Clara County Horsemen's Association** or any of its agents. In consideration of my involvement with any activities on the premises, or events organized or sponsored elsewhere by **Santa Clara County Horsemen's Association** I waive, release and discharge **Santa Clara County Horsemen's Association**, its directors, officers, agents and members, their representatives, heirs, executors and all other persons and organizations in any way connected with the SCCHA events from any and all claims of liability for injury or damage to myself, my animals or my property arising out of my participation. This agreement is binding upon my executors, heirs and assigns. I expressly waive any rights I may have under California Civil Code 1542, which states "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless **Santa Clara County Horsemen's Association**, their officers, directors, members and agents against all claims, demand, and cause of action, including court costs and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld. **Santa Clara County Horsemen's Association**, its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, mining away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents, including important limitations of legal liability. Upon signature, this document becomes the property of the Santa Clara County Horsemen's Assoc., Inc.

Member Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION FOR ALL MINORS/JUNIORS (MM/DD/YY)

Full Names of Minor: _____ Birth Date _____

Full Names of Minor: _____ Birth Date _____

Full Names of Minor: _____ Birth Date _____

I, the undersigned parent or guardian of the above minor(s) in consideration of my minor's participation in **Santa Clara County Horsemen's Association** activities and use of its premises, agree to the terms and conditions of the **Participant's Hold Harmless Agreement Release of Liability**. It shall be binding as to damage or injury to my minor(s), his/her animals, and property arising out of his/her participation with SCCHA. I further warrant that I have health and accident insurance on said minor(s). I acknowledge that I have read this agreement and understand its contents.

Parent/Guardian Name (print name): _____

Signature: _____ Date: _____

AGREEMENT TO ABIDE BY SCCHA's BYLAWS & RULES AND GUIDELINES

I read and agree to abide by the Bylaws and rules posted on the SCCHA website entitled SCCHA Membership Overview & Rules 2019.

Member Signature: _____ Date: _____

Spouse or Guardian Signature: _____ Date: _____