

TREASURE VALLEY WHIPS (year) MEMBERSHIP APPLICATION

c/o Kathy E. DeLong
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(541) 235-1585 email kathyerniedelong@gmail.com

NAME: _____

ADDITIONAL FAMILY MEMBERS: _____

ADDRESS _____

PHONE (_____) _____ E-MAIL _____

INDIVIDUAL \$25: _____ FAMILY \$35: _____ ONE DAY _____

MEMBERS' ASSUMPTION OF RISK AND LIABILITY RELEASE FORM

ACKNOWLEDGEMENT OF RISK

I/we intend to participate in equestrian activities sponsored by or affiliated with the Treasure Valley Whips driving club. I am fully aware that certain inherent and unavoidable risks and dangers are involved in any equestrian activity. I understand that these risks, hazards, and dangers could result in my injury, discomfort, illness, disease, death, or damage to my personal property.

ACCEPTANCE OF RISK AND RESPONSIBILITY

Being aware that these activities entail risks, hazards and dangers, I agree to accept and assume all responsibility and risks for any injury, discomfort, illness, disease, death and damage to personal property arising from my participation in these activities. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate fully aware of the risks, hazards, and dangers.

RELEASE OF LIABILITY

In consideration of being permitted to participate in these activities, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold the Treasure Valley Whips nor its members, volunteers, officers, or agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE THE TREASURE VALLEY WHIPS, ITS MEMBERS, VOLUNTEERS, OFFICERS, INSURERS OR OTHER AGENTS, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THESE ACTIVITIES.** This release of liability includes, but is not limited to any negligent act or omissions of the Treasure Valley Whips, its members, officers, volunteers, insurers, or other agents, which may result in my personal injury, discomfort, illness, disease, death, and damage to my property. **THIS RELEASE OF LIABILITY ALSO EXPRESSLY EXTENDS TO, AND INCLUDES THE OWNERS/PROPRIETORS OF ANY PREMISES OR FACILITY AT WHICH THE EQUESTRIAN ACTIVITIES ARE HELD.**

ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AND AGREEMENT

I understand and acknowledge that by signing this document, I have given up substantial legal rights and/or possible claims which I might otherwise assert or maintain in the future including, but not limited to legal rights and claims for negligent acts or omission of the Treasure Valley Whips, its members, officers, volunteers, insurers or other agents and the owners/proprietors of the premises and facility. I further agree that the laws of the state of Idaho shall govern the terms and effects of this agreement and that proper venue will be the courts of Idaho.

I HAVE READ THIS PARTICIPANTS ASSUMPTION OF RISK AND LIABILITY RELEASE FORM AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GURARENTEE BEING MADE TO ME AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Date _____ Member's signature _____

(Parent/Legal Guardian signature required if member is under 18)