

Kit Carson Riding Club, Inc.

P.O. Box 88075
Black Forest, CO 80908
www.KitCarsonRidingClub.com



APPLICATION FOR MEMBERSHIP

Annual Dues

\$40—Family Membership (includes one time initial fee of \$10)

This membership includes all members of your family (living at your membership address) who are under the age of 20) You may also include family members that are under 26 who is still living at home and you are the primary support

\$25—Individual Membership (includes one time initial fee of \$10)

This membership is for an individual. If you have family members residing with you and you wish them to attend non-public club events, please select FAMILY MEMBERSHIP and include their name on your application

PLEASE PRINT LEGIBLY

Name: (Last, First, Middle Initial	Telephone:	Email:
Spouse: (Last, First, Middle Initial	Telephone:	Email:
Address: (Street, City, State, Zip)		

List names, age (at time of application) and birth date of all members:

	Full Name	Age	Birth Date (MM/DD/YY)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

HUSBAND

WIFE

Occupation: _____

Employed by: _____

List three reasons for wanting to join the Kit Carson Riding Club

Emergency Contact

Emergency Contact

Sponsoring Member/Family (Required-please print):

Sponsoring members signature (Required):

Sponsors phone number (Required):

Check each committee the applicant(s) are willing to volunteer
You will be called into service on each committee you select!

(Must select at least three committees)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> History | <input type="checkbox"/> Royalty |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Education | <input type="checkbox"/> Media | <input type="checkbox"/> Scrapbook |
| <input type="checkbox"/> ExCA | <input type="checkbox"/> Parades | <input type="checkbox"/> Trail Rides |
| <input type="checkbox"/> Gymkhanas | <input type="checkbox"/> Parties and Dances | |

For membership to the Kit Carson Riding Club, Inc. I/We agree to the following conditions:

1. I/We understand that the Kit Carson Riding Club, Inc is a private club to be used by and for the members of the Kit Carson Riding Club, Inc. _____ (Initial) _____ (Initial)
2. I/We agree not to abuse the gate privilege by:
 - a. Allowing non-members to use the club grounds outside of club sponsored public activities. _____ (Initial) _____ (Initial)
 - b. Disabling the gate in any way to keep it open _____ (Initial) _____ (Initial)

For use by Kit Carson Only

Date Posted	Date Received	Check #	Check Amount	Date Presented to BOD
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President: _____

BOD MAL: _____

Vice President: _____

BOD MAL: _____

Secretary: _____

BOD MAL: _____

Treasurer: _____

BOD MAL: _____



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The insurance company holding coverage for Kit Carson Riding Club, Inc. has required any person(s) participating in any and all activities supervised and/or sponsored by Kit Carson Riding Club, Inc. to sign a "Hold Harmless Agreement". To simplify paper work for all facets of the club, the board is requesting a one-time signature of club members to cover the entire family for participation in horse shows, gymkhanas, polo, roping, trail rides, and any other activities of the club during the year. Please list full names and birthdates of ALL family members who MIGHT POSSIBLY participate in club activities. We ask that anyone 18 and over sign for themselves.

******WARNING******

Under Colorado Law, an equine professional is not liable for the 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.

For more information: <http://www.americanequestrian.com/legal/CO.htm>

HOLD HARMLESS AGREEMENT

I HEREBY RELEASE Kit Carson Riding Club, Inc., its Officers, Board of Directors and members from any claim or right for damages which may occur to me, my minor children, or equine family (i.e. horses, mules, donkey, etc.) I also assume and accept full responsibility for any damages done by us or our equine family at any Kit Carson Riding Club, Inc. sponsored or supervised activity during this [membership](#) year.

I hereby release and hold harmless Kit Carson Riding Club, Inc. from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with images taken at KCRC sponsored events. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Kit Carson Riding Club, Inc. to use their likenesses and names.

I Further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of any photographs or participation in club marketing materials or other club publications and forms of communication.. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kit Carson Riding Club, Inc., its members, its volunteers and any third parties involved in the creation or publication of club publications, from liability for any claims by me or any party in connection with my participation or the participation of the minor children listed below

FAMILY MEMBER (Please Print)	BIRTH DATE (mm/dd/yyyy)	SIGNATURE (Parents sign for children under 18)

Parent: _____ Date: _____

Address: _____

(Include Address, City, State and Zip code)

Phone: _____