

BOISE SADDLE AND JUMP CLUB

MEMBERSHIP APPLICATION

Memberships run from December 1st-November 30th. Dues must be paid prior to horse/rider competing in order for points to count

Name I JR-AM-PROF I:

USEF Number:

Barn/ Trainer:

Date of Birth:

Email:

Current Address:

City:

State/Zip:

Primary Phone Number:

Secondary Phone Number:

ADDITIONAL FAMILY APPLICANT INFORMATION

Please fill out the below information for additional family members. Family membership is for persons whom live in the household

Name I JR-AM-PROF I:

Date of Birth:

Email:

Current Address:

City:

State/Zip:

Primary Phone Number:

Secondary Phone Number:

MEMBERSHIP TYPES (PLEASE CIRCLE TYPE)

Each individual member is allowed to register one horse with their BSJC Membership to count towards year end awards. Each additional horse is \$10.00. Under family membership, each competing member is allowed to register one horse.

Individual Membership: \$35

Family Membership: \$50

Additional Horse(s) _____ x \$10= _____

MEMBERSHIPS CAN BE PAID EITHER BY CASH OR CHECK. PLEASE MAKE CHECKS PAYABLE TO BSJC AND MAIL TO: 6963 Belhaven Drive, Boise, ID 83714

By agreeing to membership, I agree that BSJC may use photographs of me for promotional purposes, whether in printed brochures or on the respective clubs' websites. Must be signed to participate in club activities of Boise Saddle & Jump Club (BSJC). **ACKNOWLEDGMENT OF RISK:** I, the undersigned, intend to participate in an equestrian activity sponsored by or affiliated with the Boise Saddle & Jump 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, or death, or damage to my personal property or the property of others. **ACCEPTANCE OF RISK AND RESPONSIBILITY:** Being aware that this activity entails risks, hazards, and dangers, I agree to accept and assume all responsibility and risk for any injury, discomfort, illness, disease, death, and damage to personal property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks, hazards, and dangers. **RELEASE OF LIABILITY:** In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold BSJC, their officers, directors, agents, and employees or the owner or operator of the facility at which these activities occur and their officers, directors, agents and employees liable for any injury or damage to my person or property. I HEREBY VOLUNTARILY RELEASE AND FOREVER DISCHARGE BSJC, THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, AND INSURERS 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 THIS ACTIVITY. This release of liability includes, but is not limited to any negligent acts or omissions of BSJC, their officers, directors, agents, and employees, which may result in my personal injury, discomfort, illness, disease, or death, or damage to my property. This release of liability also expressly extends to, and includes the owner and operator of the facility at which the equestrian activity will be held and their officers, directors agents and employees. **ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE 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 the negligent acts or omissions of BSJC, their officers, directors, agents, employees, and the owner and operator of the facilities. I further agree that the laws of the State of Idaho shall govern the terms and effect of this agreement. **ENTIRE AGREEMENT:** I understand that this is the entire agreement between me and BSJC, and that it cannot be modified or changed in any way by oral or written representations or statements of any employee or agent of BSJC made before or after my execution of this form. I HAVE READ THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature:

Date:

IF THE PROPOSED PARTICIPANT IS UNDER THE AGE OF EIGHTEEN YEARS, the following must be executed by his or her parents or legal guardian.) I have read the foregoing Assumption of Risk and Liability Release Form, which has been executed by my child. I agree to the signing thereof, and the terms and conditions of the agreement, and for the consideration therein stated, agree that said Release shall be binding upon said child and upon the undersigned as parent or legal guardian.

Signature:

Date:

Amount Paid:

Membership Number:

Date:

