

Clements Cutting Club, Inc. PO Box 57, Clements CA 95277
APPLICATION FOR MEMBERSHIP

Name(s): _____
Mailing Address: _____
Phone: _____

MEMBERSHIP IS REQUIRED TO PARTICIPATE IN CLUB ACTIVITIES **\$50.00**
Membership Year – January 1 to December 31 of current year***No Pro-rated dues

PLEASE READ CAREFULLY BEFORE SIGNING
CLEMENTS CUTTING CLUB DOES NOT GUARANTEE YOUR SAFETY

1. **Voluntary Participation** I agree that I, the undersigned, do for myself or on behalf of my child, spouse, or legal ward, hereby voluntarily participate in the above stated events, and that I/we participate in these events totally at our own risk for injuries or property damage we may incur in relation to these events.
2. **Incident Costs Responsibility and Medical Insurance Disclosure** I agree that I/we will be responsible for any and all costs incurred by us for injuries or property damage I/we may incur and that I/we are covered by accident-medical insurance coverage now in force.
3. **Personal Responsibility** I agree that I am responsible for the negligent acts of my family members and/or legal wards and animals, and I do carry personal liability insurance now in force.
4. **Personal Financial Losses** I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the premises where the cuttings are held.
5. **Liability Release** I agree that I hereby, for myself, my family members, my heirs, administrators, personal representatives, and assigns, do agree to hold harmless, release and discharge **Clements Cutting Club, Inc.**, its officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurers, and others acting on its behalf, of all claims demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to **Clements Cutting Club, Inc.'s**, ordinary negligence, and I do further agree that **except** in the event of **Clements Cutting Club, Inc.'s** gross negligence, I shall bring no claims, demands, legal actions and causes of action, against **Clements Cutting Club, Inc.** and its associates as stated above in this clause for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of the **Clements Cutting Club, Inc.**, to include, but not limited to, while riding, handling, or otherwise being near horses or other equine species.

NAMES OF ALL MINOR PARTICIPANTS FOR WHOM I AM LEGALLY RESPONSIBLE:

1. _____
2. _____
3. _____
4. _____

STATEMENT OR AWARENESS

I, THE UNDERSIGNED, BEING OR LEGAL AGE, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

Each legal age participant, parent or legal guardian of the minor participants listed above must sign below:

Signature of Participant (Spouses must sign for themselves)

Date