

2012 Membership Form

www.stcroixhorseandcarriagesociety.org

Dues

Newsletter delivered by	Email	U.S. mail
Single	\$20	\$25
Household	\$25	\$30

If you choose the email option above, please be sure to enter your email address in the space provided below. Your email address will not be distributed in any communication without your approval.



Member's Name _____ Spouse's Name _____

Farm Name _____

Address _____

City _____ State _____ Zip _____ County _____

Day Phone _____ Evening Phone _____ Cell _____

Email address _____

May we publish your email address in the membership list? _____ Yes _____ No

Member's Occupation _____ Spouse's Occupation _____

Could you host a monthly drive? _____ Month(s) Available _____

Could you host a sleighing party _____ Month(s) Available _____

What kinds of programs would you like to see at our monthly meetings? _____

What other events should the club sponsor (clinics, dances, shows, carriage collection visits, swap days, auctions, fun days, etc.) _____

Could you give a clinic, seminar, or program? _____

I agree to abide by the governing documents of the St. Croix Horse and Carriage Society, Inc. (articles of incorporation, bylaws, and standing rules)

Signature _____

Please complete this form and the 2012 Waiver. Mail both forms and a check payable to St. Croix Horse and Carriage Society, Inc. (SCHCSI) to:

Heidi Block
4970-2 149th St N
Hugo, MN 55038

2012 MEMBERSHIP WAIVER
St. Croix Horse and Carriage Society, Inc.

Name(s) (printed): _____
Address: _____
City: _____ St: _____ Zip: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Yearly Liability Waiver

1. Voluntary Participation. I agree that I, the undersigned hereby voluntarily participate totally at my own risk for injuries or property damage I may incur in relation to **St. Croix Horse and Carriage Society, Inc. (SCHCSI)** sponsored events.
2. Incident Costs Responsibilities and Medical Insurance Disclosure. I agree that I will be responsible for any and all costs incurred by me for injuries or property damage I incur and that I am 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. **Homeowners/Farm owners insurance does not provide this coverage unless you have a rider on the policy or that you have a personal liability umbrella policy.**
4. Personal Financial Losses. I agree that I am responsible for my own financial loss in relation to the theft or damage to my tack, equipment, vehicles, trailers and horses while on the premises where events are held.
5. Protective Headgear Warning: I agree that I have been fully warned and advised by this club that I should purchase and wear protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, while riding, driving, being and working near horses. I understand that the wearing of such headgear may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences.
6. 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 this club, its owners, agents, employees, officers, directors, representatives, assigns, members, premise 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, anticipated or unanticipated due to this club's ordinary negligence; and I do further agree that except in the event of this club's gross negligence, I shall bring no claims, demands, legal actions and causes of action, against this club 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 this club, to include but not limited to, while riding, driving, or otherwise being near horses or other equine species.

Coggins The undersigned states that he/she is in possession of a negative coggins test for the horse or horses that are at any club events and that test was drawn within the last 12 months.

Rides I understand that there are to be no rides given to the public, and understand that if I, my group, or family were to do so that I would take total responsibility upon myself, my group, or family for any injuries caused as a result of giving rides and I would hold harmless the SCHCSI and any of their officers, directors, employees, agents and volunteers.

Safety I will submit to a safety check of my vehicle and harness by the society's designated safety officer. I understand that failure to pass the safety check will result in not being allowed to participate in the event until the unsafe conditions are corrected and approved by the safety officer. Unsafe driving practices (i.e.: cantering in harness, unsafe passing, etc.) that could endanger yourself or others will result in your being asked to leave the event.

Youthful Drivers Youthful drivers under the age of 14 must be accompanied by a knowledgeable adult horseman *in the vehicle* at all times per American Driving Society Rules.

Photography Release Unless I indicate by writing "NO PHOTO" next to my signature below, I **DO** consent to and authorize use of any and all photographs or audio-visual materials of me/us or my/our minor children at any SCHCSI function for promotion, education, and exhibition or any other use to benefit the SCHCSI.

STATEMENT OF AWARENESS
I, THE UNDERSIGNED, BEING OF LEGAL AGE, HAVE READ AND
UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

Names of all minor participants in the events for whom I am legally responsible:

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

EACH LEGAL AGE PARTICIPANT, PARENT OR LEGAL GUARDIAN MUST SIGN:

Participant's Signature _____ Date: _____

Spouses must sign for themselves: _____

Other participating adults residing at the same address _____

(Must sign for themselves) _____

Signature of club officer _____