

Blue Mountain Cutters Membership Application

This application must be signed, dues paid and provided to show office before the show.

Name (Please Print) _____

Family Member _____ Relationship _____

Family Member _____ Relationship _____

Address _____

Town/City _____ State _____ Zip _____

Phone _____ Email _____

Membership Type: Family _____ \$50 Single _____ \$40 Youth _____ \$20

Optional Donations: Year-end Awards _____

Release of Waive:

The undersigned acknowledges that participation in horse events either as a rider, an employee or a volunteer exposes the participant to substantial and serious risk of property damage, personal injury or death. The undersigned expressly acknowledges that their participation in club events will involve such hazard.

Release of BMC Officers/Directors, Venue Owner, Stock Contractor, Sponsor

The undersigned hereby releases BMC Officers/Directors, Venue Owner, Stock Contractor and all sponsors from liability, any and all property damage, person injuries or other claims arising from the undersigned's participation in an event including those and unknown, unforeseen, future or contingent.

Covenant Not to Sue

The undersigned covenants that they shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceedings executed and delivered this release as of the date signed below against Blue Mountain Cutters (BMC) or their officers, directors, employees, agents or affiliates concerning arising out of or related to the actions, caused or action, claims and demand hereby waived; released or discharged by the undersigned.

Assurances

The undersigned has full power, authority, capacity and right, without limitation, to execute, deliver and perform the release.

Binding Effect

The release shall be binding upon the undersigned, undersigned's spouse, legal representatives, heirs, successors and assigns. This release has been fully and carefully read by the undersigned and the undersigned fully understands it's terms and conditions and has voluntarily executed and delivered this release as of the date signed below.

Signature (Parent or Legal Guardian Must Sign for Minor)

Date

Signature (Spouse if Family Membership)

Date

Please Return To: **Heidi Wittig**
P.O. Box 286
Mansfield, WA 98830-0286

