

# Blue Mountain Cutters Membership Application

This application needs to be signed and in the office before you compete at any show.

Name: \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Family: \_\_\_\_\_ \$40.00      Single: \_\_\_\_\_ \$30.00      Youth: \_\_\_\_\_ \$15.00

Donation for Year-end Awards: \_\_\_\_\_ Sponsorship: \_\_\_\_\_

**Release of waiver:**

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

**Release of Sponsor:**

The undersigned hereby releases all sponsors from liability and any and all property damage, person injuries, or other claims arising from the undersigned's participation in an event, including those known and unknown, unforeseen, future or contingent.

**Covenant Not to Sue:**

The undersigned covenants the undersigned 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 Cutting Club 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 and the undersigned's spouse, legal representative, heirs, successors, and assigns. This release has been fully and carefully read by the undersigned and the undersigned fully understands its 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 a Minor)** Date

\_\_\_\_\_  
**Signature: (Spouse if a Joint membership or riding)** Date

**Return To:**  
Heidi Wittig  
PO Box 286  
Mansfield, WA 98830-0286