



## 2022 SSBPA Membership

*Please fill out this information completely and bring original copy and payment to the first race.*

Family Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Membership Options	Price	Selection
Membership - 1 Horse or 1 Member	\$ 100	
Membership - 2 Horses or 2 Members	\$ 175	
Membership - 3 Horses or 3 Members	\$ 225	
Membership - 4 Horses or 4 Members	\$ 275	
Membership - 5 Horses or 5 Members	\$ 325	
Pee Wee Membership (with purchase of Membership)	\$ -	
Pee Wee Membership (without purchase of Membership)	\$ 20	
Non-Contesting Rider Membership	\$ 20	
	Total	\$

### Membership Information

Name 1 \_\_\_\_\_ Horse 1 \_\_\_\_\_

Name 2 \_\_\_\_\_ Horse 2 \_\_\_\_\_

Name 3 \_\_\_\_\_ Horse 3 \_\_\_\_\_

Name 4 \_\_\_\_\_ Horse 4 \_\_\_\_\_

Name 5 \_\_\_\_\_ Horse 5 \_\_\_\_\_

Pee Wee \_\_\_\_\_ Age \_\_\_\_\_

Pee Wee \_\_\_\_\_ Age \_\_\_\_\_

Pee Wee \_\_\_\_\_ Age \_\_\_\_\_

# SSBPA Indemnity

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1. Voluntary Participation. I acknowledge that I have voluntarily applied to participate in horseback riding and racing activities offered by Silver State Barrel and Pole Association.
2. Assumption of Risk. I UNDERSTAND THAT HORSES/PONIES ARE UNPREDICTABLE AND DANGEROUS, THAT HORSEBACK RIDING AND BOARDING MAY BE A HAZARDOUS ACTIVITY, AND THAT THERE IS INHERENT DANGER TO ME, MY HORSE, AND MY EQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AREA WHERE THE HORSEBACK RIDING AND BOARDING WILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THIS STATEMENT WITH MY INITIALS BELOW.
3. Protective Headgear Assumption of Risk: I understand and agree that I, for myself, and on behalf of my child and/or legal ward, have been advised that Silver State Barrel and Pole Association makes it mandatory that all horse handlers and riders wear protective headgear while riding and being near horses, and I do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearers death from happening as the result of a fall and other occurrences. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THIS STATEMENT WITH MY INITIALS BELOW.
4. No Representations or Warranties. I acknowledge that Silver State Barrel and Pole Association, nor any of their affiliates, employees, principals, or agents has made, or is making, any representations, warranties, or guarantees with respect to any training provided to me. I thereby waive all remedies, warranties, guaranties, or liabilities, express or implied, with respect to any training provided to me, arising by law or otherwise.
5. Release, Discharge, and Covenant Not to Sue. As consideration for being permitted by Silver State Barrel and Pole Association, to participate in these activities, I, on behalf of myself and my heirs, executors, administrators, and assigns, hereby release Silver State Barrel and Pole Association, their affiliates, employees, principals and agents, and any owners or provider of facilities at which or with which such training is conducted (all referred to as "releasees") from any and all actions, claims, demands, and liability now or at any time hereafter arising out of my participation in horseback riding or training and/or an horseback related activity, including the use of equestrian equipment. I hereby agree that I, my heirs, executors, administrators, and assigns, will not make a claim against, sue, or attach the property of any of the releasees for any injury, death, damages, or property damage (including any injury to my horse) resulting from or arising out of any acts or omissions of releasees, including without limitation any negligence, of releasees.
6. Indemnity Agreement. I further agree that I will defend, indemnify, and hold harmless Silver State Barrel and Pole Association, and their respective affiliates, employees, principals, and agents, against all actions, claims, demands, and liabilities (including court costs and attorney's fees) related to any injury, death, damages, or property damage resulting from or arising out of my participation in horseback riding and training.

I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN THE HORSEBACK RIDING AND TRAINING. I HAVE EXECUTED THIS RELEASE VOLUNTARILY, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS. PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENT OR LEGAL GUARDIAN:

Member Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_