

# Kit Carson Riding Club, Inc.

P.O. Box 88075  
Black Forest, CO 80908  
[www.KitCarsonRidingClub.com](http://www.KitCarsonRidingClub.com)



## MEMBERSHIP RENEWAL APPLICATION

### ☐ Family Membership Renewal - \$150

A membership consisting of one household and any dependents residing in the household who are under the age of twenty six or a financial dependent of the household at the time of application. Grandchildren under the age of eighteen may also be included if they are under the care and control of the primary member—either full-time, part-time, or during visits—at the time of club participation or application.

### ☐ Individual Membership Renewal - \$75

This membership is intended for an individual (must be 18+). For those with family members residing in the same household who may attend non-public club events, the FAMILY MEMBERSHIP option should be selected, and their names included in the application.

**\*The membership renewal window opens in September. All applications must be received by October 31.**

### PLEASE PRINT LEGIBLY

Applicant Name:	Co-Applicant Name (if applicable):
Primary Phone:	Primary Email (For all club-related communications):
Address (Street Address, City, State, ZIP):	
Additional Email for Club-Related Communications (Optional):	
Emergency Contact Name:	Emergency Contact Phone:

List name, age (at time of application) and birth date for all family members (including applicant/co-applicant):

	<u>Full Name</u>	<u>Age</u>	<u>Birth Date (MM/DD/YY)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

**Participation.** Which KCRC activities did you participate in during the previous membership year? \_\_\_\_\_

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**Volunteerism.** Approximately how many TOTAL hours did you volunteer during the previous membership year, and on which committees: \_\_\_\_\_

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**KCRC activities are 100% volunteer-run.** Select which committees the applicant/co-applicant will volunteer on during the membership year:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> By-Laws     | <input type="checkbox"/> Gymkhanas        | <input type="checkbox"/> Scrapbook                   |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Maintenance      | <input type="checkbox"/> Royalty                     |
| <input type="checkbox"/> Drill Team  | <input type="checkbox"/> Parades          | <input type="checkbox"/> Trail Rides                 |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Parties & Dances | <input type="checkbox"/> Trail Versatility Challenge |

For membership <u>renewal</u> in the Kit Carson Riding Club, Inc., I/We agree to the following conditions:	Applicant Initials	Co-Applicant Initials
I/We understand that Kit Carson Riding Club, Inc. is a private organization to be used only by and for the members of the Kit Carson Riding Club, Inc.		
I/We agree not to abuse the gate privileges by allowing non-members to use club grounds outside of club-sponsored public activities or disabling the gate in any way to keep it open.		
I/We understand that this membership may be immediately terminated for non-compliance with KCRC's bylaws, code of conduct or general rules.		

☐ **Donation to Hardship Fund (optional)\$** \_\_\_\_\_

All donations will be allocated to KCRC's hardship fund that covers membership fees for those facing unexpected financial difficulties; offering individuals/families a way to stay connected to the riding community during tough times.

### For Office Use Only

Application Rec'd Date	Payment Method	Amount Paid	Added to Roster <input type="checkbox"/>	Added to Contacts <input type="checkbox"/>
	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		Assigned Email Labels <input type="checkbox"/>	Sent Welcome Email <input type="checkbox"/>
President:		BOD MAL:		
Vice President:		BOD MAL:		
Secretary:		BOD MAL:		
Treasurer:		BOD MAL:		



## KCRC HOLD HARMLESS AGREEMENT

The insurance company holding coverage for Kit Carson Riding Club, Inc. has required any person(s) participating in all activities supervised and/or sponsored by Kit Carson Riding Club, Inc. to sign a "Hold Harmless Agreement". To simplify paperwork for all facets of the club, the board is requesting a one-time signature from club members to cover the entire family for participation in horse shows, gymkhanas, polo, roping, trail rides, and any other club activities during the year. Please list full names and birthdates of ALL family members who MIGHT POSSIBLY participate in *club activities*. *We ask that anyone 18 and over sign for themselves.*

### \*\*\*\*WARNING\*\*\*\*

Under Colorado Law, an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 13-21-119 and 13-21-121 Colorado Revised Statutes.

**For more information:** <https://leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes>

## HOLD HARMLESS AGREEMENT

I HEREBY RELEASE Kit Carson Riding Club, Inc., its Officers, Board of Directors and members of any claim or right for damages which may occur to me, my minor children, or equine family (e.g., horses, mules, donkeys). I also assume and accept full responsibility for any damage done by us or our equine family at any Kit Carson Riding Club, Inc.-sponsored or supervised activity during this membership year.

I hereby release and hold harmless Kit Carson Riding Club, Inc. from any reasonable expectation of privacy or confidentiality for me and for the minor child(ren) listed below associated with images taken at KCRC sponsored events. Further, I attest that I am the parent or legal guardian of the child(ren) listed below and that I have full authority to consent and authorize Kit Carson Riding Club, Inc. to use their likenesses and names.

I Further acknowledge that participation is voluntary and that neither I, nor the minor child(ren) will receive financial compensation of any type associated with the taking or publication of any photographs or participation in club marketing materials or other club publications and forms of communication. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Kit Carson Riding Club, Inc., its members, its volunteers and any third parties involved in the creation or publication of club publications, from liability for any claims by me or any party in connection with my participation or the participation of the minor child(ren) listed below.

NAME (Please PRINT and list all family members)	BIRTH DATE (MM/DD/YY)	SIGNATURE (Parents sign for children under 18)

Date Signed: \_\_\_\_\_ Parent/Guardian Printed Name (if applicable) \_\_\_\_\_