Kit Carson Riding Club, Inc.

P.O. Box 88075 Black Forest, CO 80908 www.KitCarsonRidingClub.com



MEMBERSHIP RENEWAL APPLICATION

a financial dependent of the household at the time of application they are under the care and control of the primary member—e participation or application.	ts residing in the household who are under the age of twenty six or on. Grandchildren under the age of eighteen may also be included if either full-time, part-time, or during visits—at the time of club		
Individual Membership Renewal - \$ This membership is intended for an individual (must be 18+). F may attend non-public club events, the FAMILY MEMBERSHIP of application.	or those with family members residing in the same household who		
*The membership renewal window opens in Septe	ember. All applications must be received by October 31.		
PLEASE P	RINT LEGIBLY		
Applicant Name:	Co-Applicant Name (if applicable):		
Primary Email for Club Communications:	Additional Email for Club Communications (Optional):		
Primary Phone Number:	Additional Phone Number (Optional):		
Address (Street Address, City, State, ZIP):			
Emergency Contact Name:	Emergency Contact Phone Number:		
List name, age (at time of application) and birth date Full Name	e for all family members (including applicant/co-applicant): Age Birth Date (MM/DD/YY)		
1			
2			
3			
4			
5			

Participation	. Which KCRC activition	es did you par	ticipate ii	n during	the previous membe	rshi _l	o year?	
	n. Approximately how	·		•		evio	us members	ship year, and
	es are 100% voluntee embership year:	er-run. Select v	which co	mmittee	s the applicant/co-ap	plica	nt will volu	nteer on
Γ	By-Laws	Gymkhan	nas	Scr	apbook			
- Γ	Concessions	Maintena	ance	— ☐ Roy				
Г	一 Drill Team	Parades			il Rides			
[Education	Parties &	Dances	_	il Versatility Challeng	e		
For membership <u>renewal</u> in the Kit Carson Riding Club, Inc., I/We agree to the following conditions:					ļ	Applicant Initials	Co-Applicant Initials (If applicable)	
	tand that Kit Carson F	-	-	_	nization to be used			(порриосисту
	for the members of th				والمام و مال			
	not to abuse the gate side of club-sponsore		_					
to keep it op	•				8			
I/We understand that this membership may be immediately terminated for								
non-complia	nce with KCRC's bylav	vs, code of co	nduct or	general r	ules.			
All donations v	n to Hardship Fu vill be allocated to KCRC' ering individuals/families	s hardship fund	that cover		•	_	•	ncial
		Fo	or Offic	e Use C	Only			
Application Rec'd Date	Payment Me	thod	Amoun	t Paid	Added to Roster		Added to Co	ontacts
	Cash Chec	< #			Assigned Email Labels		Sent Welco	me Email
President:		BOD MAL:						
Vice President:		BOD MAL:						
Secretary:		BOD MAL:						
Treasurer		ROD MAI:						



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

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