Kit Carson Riding Club, Inc.

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



APPLICATION FOR MEMBERSHIP RENEWAL

Family Membership Renewal - \$30

This membership includes all immediate family members, up to the age of 26, living at the same physical address.

Individual Membership Renewal - \$15

This membership is for an individual. If you have family members residing with you and you anticipate them attending non-public club events, please select FAMILY MEMBERSHIP and include their name on your application.

PLEASE PRINT LEGIBLY

Member Name: (Last, First ,MI):	Phone:		Email:			
Co-Member Name (Last, First, MI):	Phone:		Email:			
Address:						
Emergency Contact Name:		Emergency Contact Phone:				
Emergency Contact Name:	Er		Emergency Contact Phone:			
List name, age (at time of application) and b	oirth date for	all family n	nembers (includ <u>Age</u>	ing applicant/co-applicant): Birth Date (MM/DD/YY)		
1						
2						
3						
4			<u>.</u>			
5						
6						

^{*}The membership renewal window will open in August. All renewal applications are due by October 31 each year.

Participation. Which KCRC activities did you participate in during the previous membership year?							
• •	·	v many TOTAL hours d	•		evious r	membe	rship year, and
KCRC activities are 1 during the next men		er-run. Please select th	nree (or more)	committees you	ı are wi	lling to	volunteer on
☐ By-La	aws	History	Royalty				
Conc	essions	Maintenance	Scholars	hip			
Educ	ation	Media	Scrapbook				
Educ	ation	Parades	Trail Rides				
Gym	khanas	Parties & Dances	Versatilit	:y/Obstacle Seri	es		
				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.							
Renewal Application date (MM/DD/YY):							
		For Offic	ce Use Only				
Renewal Application Rec'd Date	Payı	ment Method	Amount Paid	Hold Harmless Date		BOD Approval Date	
	Cash	Check #					
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	BIRTH DATE	SIGNATURE		
(Please PRINT and list all family members)	(MM/DD/YY)	(Parents sign for children under 18)		
Date Signed: Parent/Gua	rdian Printed Name	(if applicable)		

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