

Kit Carson Riding Club, Inc.

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



APPLICATION FOR SINGLE-DAY MEMBERSHIP

Single-Day Membership - \$5

This membership is for single-day use for specific events (e.g., trail rides, clinics)

PLEASE PRINT LEGIBLY

Date:	Event Name:	
Applicant Name: (Last, First ,MI):	Phone:	Email:
Address:		
Emergency Contact Name:	Emergency Contact Phone:	

***Signature required on back of form**



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.

PARTICIPANT 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) _____