

*M-T SADDLE CLUB*

**INDEMNIFICATION AND RELEASE FORM**

**Please read carefully before signing. This is a release of liability and waiver of your rights.**

I understand that Equestrian activities can be dangerous and I acknowledge that participation in Williston M-T Saddle Club Arena activities as a competitor, volunteer, spectator or clinicians or judge, exposes the participant to risks of property damage, personal injury, or even death. I assume all risks to my children, my guests, and myself. In consideration for myself, my family, and my guests being permitted to participate in Williston M-T Saddle Club Arena activities, and personal use of the Williston M-T Saddle Club Arena. I hereby indemnify and agree to hold harmless and release the Williston M-T Saddle Club officers and directors and the Williston M-T Saddle Club members, sponsors, and volunteers from liability and any and all claims for any and all property damage, personal injuries, or any and all claims or other claims including demands or causes of action as a result of, that known and unknown, foreseen and unforeseen, future or contingent.

\_\_\_\_\_  
**Signature (Parent or Guardian if under 18 years of age)** **Date**

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Family Members Participating:**

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
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\_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**\*Please indicate age as of January 1<sup>st</sup> of Current Year \*Dues are \$20/year before April 30**

Please return form to:  
LeAnn Hovde  
M-T Saddle Club Secretary/Treasurer  
PO Box 2567  
Williston, ND 58801-2567

<b>Membership Paid by:</b>	<b><u>For Office Use Only</u></b>	
	<b>Cash</b>	<b>Check</b>