M-T SADDLE CLUB

IDEMINIFICATION 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 clinician 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 or unforeseen, future or contingent.

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

Mailing Address: _____ **Phone: _____**

Email Address: _____

# of Family Members Participating:

_____ Birth date _____Age _____

_____ Birth date _____Age _____

_____ Birth date _____Age _____

_____ Birth date _____Age _____

_____ Birth date _____Age _____

_____ Birth date _____Age _____

_____ Birth date _____Age _____

***Please indicate age of January 1st of 2010.** ***Dues are $20.00/year before April 30**

Please return to:
Monica Sem
MT Saddle Club Secretary
5621 140th Ave NW
Williston, ND 58801

For Office Use:		
Membership Paid by:	**Cash**	**Check**
Member #		