

Kittitas County Barrel Racers
Participant Release Waiver

Please Read Carefully Before Signing

Event sponsors and Club Administrators Do Not Assure Your Safety

Please Initial-a parent or legal guardian must initial if the participant is under the age of 18

_____ I acknowledge that I, the participant or Legal Guardian, will be responsible for any & all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligence acts of my family members and/or legal wards and animals, and I, The Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

_____ I acknowledge that I, The Participant or Legal Guardian, should purchase and wear ASTM-standard/SEI-certified equestrian helmets while participating in equine activities in equine activities may reduce the severity of some of the participant's head injuries in the event of a fall or other related accident.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and, I acknowledge that I, The Participant, Parent or Legal Guardian, entailed, hereby release and hold harmless the sponsor, co-sponsor, their owners, their officers, directors, members, affiliate organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal at this show, activity and/or event.

The undersigned, Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.

Name of Participant

Signature of Participant

Date

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Kittitas County Barrel Racers

2012 Membership Form

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Would you like your newsletter by e-mail? Yes No

Are you a first year member to KCBR? Yes No

Additional Family Members Joining:

Name: _____

First year member? Yes No

Name: _____

First year member? Yes No

Name: _____

First year member? Yes No

Name: _____

First year member? Yes No

I agree to sell \$10.00 per member or \$20.00 per family membership, of Club Sponsored Raffle tickets as fundraiser for the club's year end awards.

I prefer to pay an additional \$10.00 per person/\$20.00 per family membership, rather than sell raffle tickets as a fundraiser for the club's year end awards.

Membership Totals (March 1st Deadline does not affect new membership)

First Member	\$40.00------(after March 1 st \$50.00)
Each additional Member	\$10.00------(after March 1 st \$15.00)
Fundraiser Option	\$10.00 individual/\$20.00 family (circle please)
Total/check enclosed	\$_____

Have you received your rulebook yet? Yes No

Have you signed the insurance form? Yes No (on the back)

Mail to: Sammy Jo Kristiansen
3500 Hanson Road
Ellensburg, WA 98926
509-952-3979