



Equestrian Center of Walnut Creek

PO Box 5744

Walnut Creek, CA 94596

www.horseNpony.com/equestriancenter

Application for Membership

Name: _____ Adult or Junior: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ E-mail: _____

For Family Membership, list members: _____

How many horses do you own? _____ Where are they stabled? _____

Do you ride/show: English _____ Western _____ Trail _____ Other _____

What other equestrian organizations do you belong to?

RELEASE LIABILITY REQUIRED FROM ALL MEMBERS WHETHER PLANNING TO RIDE AT THE FACILITY OR NOT. IF FAMILY MEMBERSHIP, ALL MEMBERS OF FAMILY MUST BE LISTED AND EACH ADULT SIGNS SEPARATELY.

ECWC is an organization that depends on the energies and assistance of volunteers. Our activities include the hosting of a horse show series, the miniature horse show in June and grounds keeping. Please indicate where you can help:

Horse Shows	Grounds	Snack Shack	Hospitality	Awards
MEMBERSHIP FEES:	Individual Junior (under 18)		\$5.00	_____ \$5.00 _____
	Individual Senior		\$10.00	_____ 0 _____
	Family		\$25.00	_____ 0 _____
	Junior Club *		\$30.00	_____ 0 _____
	Senior Club *		\$40.00	_____ 0 _____
	Life Membership		\$100.00	_____ 0 _____
	Annual Arena Fee		\$25.00	_____ 0 _____

(AVAILABLE w/ INDIVIDUAL, LIFE, OR FAMILY MEMBERSHIP)

- Clubs wishing to join the ECWC must attach a complete address roster of their current members. Clubs joining the ECWC have a seat on the Board. Please indicate your representative's name and phone:

Name _____ Telephone _____ E-mail _____

ECWC, PO Box 5744, Walnut Creek, CA 94596

ECWC Use:

Date Rcvd _____ Amt Rcvd \$ _____ Date forwarded to Secretary/Treasurer _____



RELEASE OF LIABILITY

Equestrian Center of Walnut Creek

PARTICIPANT _____

TELEPHONE _____

ADDRESS _____

CITY _____

ZIP _____

I acknowledge that horseback riding is a sport that carries inherent risks of injury and damage to myself, my horse, and property. I knowingly assume all risks, whether known or unknown, of horseback riding.

I hereby release the **EQUESTRIAN CENTER OF WALNUT CREEK** (hereinafter referred to as the CORPORATION) and the **CITY OF WALNUT CREEK** (hereinafter referred to as the CITY) from all liability for any act of negligence or want of ordinary care on the part of the Corporation, and/or City or any of its agents. In consideration of my participation in events organized or sponsored by the Corporation, I hereby waive, release, and discharge the Corporation and the City; their directors, officers, agents employees, and volunteers; their representatives, heirs, and executors; and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. This agreement is binding upon my executors, heirs, and assigns.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditors do not know or suspect to exist in his favor at the time of executing the release, which if known by him, might materially affect his settlement with the debtor."

I agree that I will indemnify and hold harmless the Corporation and City; their officers, officials, directors, employees, agents and volunteers; against all claims, demands, and causes of actions, including court costs and actual attorney fees arising from any proceeding or lawsuits, brought by or prosecuted for my benefit, in which this release is upheld. I acknowledge that I have read this "Release of Liability" and understand its contents.

SIGNATURE _____ DATE _____

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION IF THE PARTICIPANT IS A MINOR

I, the undersigned parent or legal guardian of the above minor-aged participant, in consideration of his/her participation in the event, agree that the terms and conditions of this *Release of Liability* shall be binding as to damage or injury to my minor, his/her animals, and property arising out of his/her participation in events. I acknowledge that I have read this release of liability and understand its contents.

NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY _____

ZIP _____

SIGNATURE _____

DATE _____