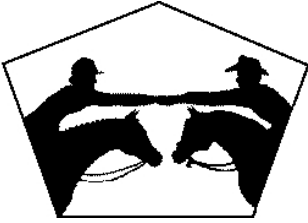


SANTA CRUZ COUNTY HORSEMEN'S ASSOCIATION

2012-2013 MEMBERSHIP APPLICATION / RENEWAL FORM

Renewals due by 4/1/12 for Membership through 3/31/13



➤ *Complete Application & Liability Waiver* ➤ *Make check payable to SCCHA*
 Mail to: *SCCHA Membership Sec'y 297 Robles Dr Santa Cruz, CA 95060*

You may also drop completed form with check in BLACK MAILBOX just outside Showgrounds Main Entry Gate. New Memberships & Late Renewals can take up to 4 weeks to process by mail. Immediate, in person membership processing takes place at our Membership Meetings (3rd Tuesday of month at 7:30pm) or 1st Saturday of each month from April through September between 10am & noon.

Membership Fees for 2012-13

MEMBERSHIP CATEGORY - Choose the Applicable Category.

- SINGLE** One adult member, 18 or over, may use grounds / 1 vote / newsletter
- FAMILY** Up to 2 adults, living in same household, plus dependents under 21 may use grounds / 1 vote per adult / newsletter
- JUNIOR** One minor, age 8 to 18 (not already in family membership) may use showgrounds with adult member only / newsletter

E-newsletter Refund (optional) download PDF, no paper copied mailed

Late fee (renewing after 4/15/12)

NEW MEMBER ONLY Cardkey

TOTAL MEMBERSHIP FEES

\$120
\$180
\$45
-\$5
\$15
\$20
\$

TRAINER FEES \$200 Applies to those who give lessons at the Showgrounds more than 2 hours in any month. In addition to membership fees, a trainer fee applies to anyone who accepts monetary or other compensation for giving instruction to riders, handlers or horses at the showgrounds. REFER TO TRAINER POLICY ON OUR WEBSITE

2nd Parking Permit / Motorhome Permit
 You must fill out a separate request form. Obtain form at:
<http://www2.cruzio.com/~candg/permits.pdf>
 Or request form from Membership Sec'y - address at top.

PARTIAL FEE REFUND FOR SERVICE: Single & Family Memberships can either remit a single check for total membership fees OR opt to commit to **4 hours (Single) / 8 hours (Family)** on one of the service dates listed below for a refund of \$20 for Single / \$40 for Family.

IF PARTIAL FEE REFUND FOR SERVICE IS YOUR OPTION, a refund will be given the day you complete service. To choose this option, remit 2 checks: 1 for total fees minus your refund, and a 2nd for the refund amount. The 1st check will be deposited immediately and the 2nd will be held and returned to you on the day service is complete, or deposited if service is not provided.

Scheduled SERVICE DATES for 4-hour club service (per adult) refund – Check a date to participate: April 22 June 2

MEMBER INFORMATION *Select →* New Member *or* Renewing Member *Please Print Neatly*

First Name _____ **Last Name** _____

Family Membership Only - all living in same household - Only those names listed here will be included your membership.

Adult #2 First Name _____ **Last Name (if different)** _____

Name/Age of each dependent (<21 years of age) - include last name if different _____

Number of people in Membership →

Street Addr. _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Number of horses owned or leased: _____

Renewing Members Only
 If you are having difficulty with your cardkey(s), list your cardkey number(s) here:

Volunteer Skills You May Be Able to Contribute

- Plumbing Construction Electrical Events
- Landscaping Heavy Equipment Operator

Fireworks Ride Volunteer - July 6-7, 2012

- Friday Food Prep Friday Vet Check
- Saturday Food Prep Saturday Vet Check/out on trails

Office Use Only

Paid \$ _____ Includes Trainer Fee

Check #s _____

Vehicle Permit # _____

Motorhome Permit# _____

NEW Card Keys:
 1 _____ 2 _____

SANTA CRUZ COUNTY HORSEMEN'S ASSOCIATION

Waiver of Liability and Agreement to Abide by Club Rules

Liability Waiver must be signed by each adult member. The parent or legal guardian must sign for each child or junior member, in order to complete processing of your membership.

Participant's Hold Harmless Agreement

The undersigned states as follows: I acknowledge that competitive and pleasure horse riding contains inherent risks of injury and damage to me personally, to my horse, and to my equipment. Knowing these facts, I nevertheless, in consideration of your acceptance of this form, hereby for myself, my heirs, executors, and administrators waive, release, and discharge and hold harmless the County of Santa Cruz, its officers, agents, and employees, the Santa Cruz County Horsemen's Association (SCCHA) board of directors, officers, and all individual members thereof and all other persons and organizations in any way connected with the events, property, boarding, lessons, and other activities described herein, their representatives, heirs, administrators and assigns from any and all right, claim or liability for damage, or claims arising out of my participation, caused by my own act or the acts of anyone or defend, indemnify and hold harmless the County of Santa Cruz, its officers, agents, and employees, the Santa Cruz County Horsemen's Association, its owner, officers directors, members, and agents or any of them against all claims, demands, and causes of action including court costs and attorney fees, directly or indirectly arising from any action or other proceedings brought by or prosecute for my benefit contrary to this release, extended to all claims of every kind and nature whatsoever whether known or unknown and expressly waive any benefits I may have under Section §1542 of the California Civil Code relating to the release of unknown claims.

Sign (Adult 1) _____ Date _____

Sign (Adult 2) _____ Date _____

If there are minors in this membership, a parent or legal guardian must sign the following liability release for each child or Junior member:

I, the undersigned parent/legal guardian of:

for and in consideration of our child's participation at Graham Hill Showgrounds state that I have read the waiver, release and hold harmless according to the agreement written above and I expressly agree that the terms and conditions of said waiver, release and hold harmless shall apply to and be binding upon me and my minor child in so far as it pertains to his or her participation and to any injury or damage said minor child or her/his horse may sustain or cause as a result of said participation. I further warrant I have health and accident insurance on said minor.

I declare under penalty of perjury that the forgoing is true and correct.

Print Name _____ Mother Father Legal Guardian

Signature _____ Date _____

Participant's Agreement to Abide by SCCHA Showgrounds Rules

The undersigned states as follows: ***I agree to learn and abide by membership rules as listed in the "Rules & Guidelines Membership Year 2012-13". I understand that non-adherence to these rules could result in loss of membership and access to the showgrounds.***

Sign (Adult 1) _____ Date _____

Sign (Adult 2) _____ Date _____