San Martin Horsemen's Association Membership Application Page 1 of 2

form valid for memberships 10/1/23 thru 12/31/24

This membership is NEW RENEWAL

2024



Step One: Family \$40 Individual \$30 **Circle one**

Step Two: List name of **every** person included on your membership For Family Membership list all children and their birthdates. Children must be born after 12/31/2006 to be included.

FULL NAME of each member		Adult	Child	Date of Birth (minors)
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2))r	
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4))r	
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6)		•)r	
Class There are Orante at he form	- 1			
Step Three: Contact Inform		Home	hono	
Mailing address				
City-State-Zip				
Home address if mailing address is different				
		Cell ph	one	
Email(s):				
	communicate relevant			fashion and as a
convenient alternative	for contacting you. We	ill keep your em	ail private.	
NEWSLETTER IS SEN	T VIA EMAIL UNLESS YC	U INDICATE HE	RE BY CIRO	CLING SNAIL MAIL
Step Four: Indicate your in	terests in activities by c	hecking the item	s below.	
* I am willing to help:	* I am interested ir	the following:		For More Information
at events	camping	trails (bu	ilding)	Website: www.smhorse.org
pre-events	pleasure trails		velopment)	
on committees	poker rides	trails (pla		
club officer	trail trials	junior pro	ogram	
committee member	gymkhana		olor guard	Email: news@smhorse.org
phone tree caller	rodeo	team per		c c
newsletter	shows		e/quadrille	
fundraisers	endurance	other (sp		
snack bar/cooking	NATRC	(1	• /	
refreshments				
set-up/clean-up				
other				

Step Five: Must Sign release(s) on back/second page of form. Membership is not complete without all signatures and payment. Family memberships with minors: please sign both parts of the Release of Liability/Hold Harmless Agreement

Step Six: Mail signed form with your payment to SMHA, P.O. Box 275, San Martin, CA 95046

Step Seven: Now that you are a member JOIN US at club activities listed on www.smhorse.org

San Martin Horsemen's Association – Membership Application Page 2 of 2 NOTE: TWO parts for PARTICIPANTS HOLD HARMLESS AGREEMENT/RELEASE OF LIABILITY Family Memberships. THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY! Participants

Address	City/State
Phone #'s	

I acknowledge that horseback riding is a sport which 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 San Martin Horsemen's Association (SMHA) from all liability for any act of negligence or want of ordinary care on the part of San Martin Horsemen's Association or any of its agents.

In consideration of my participation in events and activities organized or sponsored by San Martin Horsemen's Association I waive, release and discharge San Martin Horsemen's Association, its directors, officers, agents and members, their representatives, heirs, executors and all other persons and organizations in any way connected with the SMHA events 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 creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless San Martin Horsemen's Association, their officers, directors, members and agents against all claims, demand, and cause of action, 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.

San Martin Horsemen's Association, its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, mining away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Signature	Date	
Signature	Date	

<u>Additional</u> Release of Liability to cover minor(s)

PARENT or LEGAL GUARDIAN must ALSO complete this section in addition to the above section. All minors and dates of birth MUST BE LISTED on SMHA membership application.

Full names	
of minors:	

I/We, the undersigned parent(s) or guardian(s) of the above minor(s) in consideration of said minor's participation in San Martin Horsemen's Association activities, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor(s), his/her animal(s), and property arising out of his/her participation in events. I/We further warrant that I/we have health and accident insurance on said minor(s). I acknowledge that I have read this Release of Liability and know and understand its contents.

Parent/Guardian			
Signature	Date		
Parent/Guardian			
Signature	Date		
Address if different than above	Phone		