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

2025

form valid for memberships 1/1/25 thru 12/31/25





Step One: Family \$45 Individual \$35 Circle one

Step Two: List name of **every** person included on your membership For Family Membership list all children and their birthdates.

FULL NAME of each member		Adult	Child	Date of Birth (minors	
1)			or		
2)			or		
3)			or		
4)			or		
5)					
6)					
Step Three: Contact Information	tion				
		Home	nhone		
Mailing address City-State-Zip					
Home address if mailing addre	•	Cell phone Cell phone			
Tiome address if mailing addre	533 IS UIII CI CI II	Celi p			
Email(s):					
Note: Email is used to d	communicate relevant	club informatio	n in a timely	fashion and as a	
convenient alternative f			•	raomon and as a	
		R IS SENT VIA			
Step Four: Indicate your inte	erests in activities by c	hecking the ite	ms below.		
* I am willing to help:	* I am interested in	the following:			
at events camping trails (building)					
pre-events	pre-events pleasure trails trails (development)				
on committees	poker rides	trails (p	trails (planning)		
club officer	trail trials	dressa	ge/quadrille		
committee member	gymkhana			l: news@smhorse.org	
newsletter	team penning	team p	enning		
snack bar/refreshments	dressage	other (specify)		
fundraising					
set-up/clean-up					

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, and join our Facebook page San Martin Horsemen's Assoc.

San Martin Horsemen's Association – Membership Application Page 2 of 2 NOTE: TWO parts for PARTICIPANTS HOLD HARMLESS AGREEMENT/RELEASE OF LIABILITY Formits Marthered in Contraction (This part agree) and the page 2 of 2

Family Memberships. THIS RELEASE CONTAINS I Participants	MPORTANT LIMITATIONS OF LEGAL LIABILITY!
Address Phone #'s	City/State
I acknowledge that horseback riding is a sport which and property. I knowingly assume all risks, whether	n carries inherent risks of injury and damage to myself, my horse known or unknown, of horseback riding.
I hereby release the San Martin Horsemen's Associat of ordinary care on the part of San Martin Horsemen	ion (SMHA) from all liability for any act of negligence or want's Association or any of its agents.
Association I waive, release and discharge San Mar members, their representatives, heirs, executors an	nd activities organized or sponsored by San Martin Horsemen's tin Horsemen's Association, its directors, officers, agents and id all other persons and organizations in any way connected with for injury or damage to myself, my animals or my property arising upon my executors, heirs and assigns.
	Fornia Civil Code 1542, which states "A general release does not or suspect to exist in his favor at the time of executing the y affected his settlement with the debtor."
and agents against all claims, demand, and cause of	Martin Horsemen's Association, their officers, directors, members action, including court costs and actual attorney fees, arising cuted for my benefit, in which this release is upheld.
-	ployees shall not be liable for any damage which may accrue from y, state of health, injury to person, horse or property.
I acknowledge that I have read this Relea	se of Liability and know and understand its contents.
Signature	Date
Signature	Date
	ALSO complete this section in addition to the above ST BE LISTED on SMHA membership application.
participation in San Martin Horsemen's Associ this Release of Liability shall be binding as property arising out of his/her participation) of the above minor(s) in consideration of said minor's ation activities, agree that the terms and conditions of to damage or injury to my minor(s), his/her animal(s), and in events. I/We further warrant that I/we have health and vledge that I have read this Release of Liability and know
Parent/Guardian	
Signature	Date
Parent/Guardian Signature	Date
Address if different than above	Phone