

Kit Carson Riding Club, Inc.

PO Box 88075

Black Forest, CO 80908

www.KitCarsonRidingClub.com



APPLICATION FOR MEMBERSHIP

Family Membership

Initial Fee - \$10.00

Annual Dues - \$30.00

Name: (Last, First, Middle Initial)	Spouse: (Last, First, Middle Initial)
ADDRESS: (Street, City, State, Zip)	
TELEPHONE:	EMAIL:

List birthdays for adult members:

First Name of each additional member of the family:

Age

Full Date of Birth

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

HUSBAND

WIFE

Occupation: _____

Employed By: _____

Address: _____

Phone: _____

Hobbies and Family Interests: _____

List three (3) reasons for wanting to join The Kit Carson Riding Club

Would you like to receive the Snubbin' Post electronically? Yes _____ No _____

if yes, email address: _____

SPONSORING MEMBER/FAMILY: (Required-please print)

SPONSORING MEMBERS SIGNATURE: (Required)

SPONSORS PHONE:

Check each committee the applicant(s) is willing to serve on (must select at least one)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Gymkhanas | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Parties & Dances |
| <input type="checkbox"/> Parades | <input type="checkbox"/> Concessions | <input type="checkbox"/> EXCA |
| <input type="checkbox"/> Snubbin' Post | <input type="checkbox"/> By-Laws | <input type="checkbox"/> Sponsorship & Fundraising |
| <input type="checkbox"/> Scrapbook | <input type="checkbox"/> Membership | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Royalty | <input type="checkbox"/> History |
| <input type="checkbox"/> Education | | |

For membership to the Kit Carson Riding Club, Inc. I/We agree to the following conditions:

1. I/We understand that the Kit Carson Riding Club, Inc. is a private club to be used by and for the members of the Kit Carson Riding Club, Inc. (Initial) _____
2. I/We agree not to abuse the gate privilege by:
 - a. Allowing non-members to use the club grounds outside of club activities. (Initial) _____
 - b. Disabling the gate in any way to keep it open. (Initial) _____

For Kit Carson Use Only:

Receipt date of application: _____

Presented at the Board of Directors meeting on: _____

Posted Date: _____

Application ID#: _____

President:

BOD:

Vice President:

BOD:

Secretary:

BOD:

Treasurer:

BOD:

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KCRC HOLD HARMLESS AGREEMENT

The insurance company holding coverage for Kit Carson Riding Club, Inc. has required any person(s) participating in any and all activities supervised and/or sponsored by Kit Carson Riding Club, Inc. to sign a "Hold Harmless Agreement". To simplify paper work for all facets of the club, the board is requesting a one-time signature of club members to cover the entire family for participation in horse shows, gymkhanas, polo, roping, trail rides, and any other activities of the club during the year. Please list full names and birthdates of ALL family members who MIGHT POSSIBLY participate in club activities. We ask that anyone 18 and over sign for themselves.

****WARNING****

Under Colorado Law, an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

For more information: <http://www.americanequestrian.com/legal/CO.htm>

HOLD HARMLESS AGREEMENT

I HEREBY RELEASE Kit Carson Riding Club, Inc., its Officers, Board of Directors and members from any claim or right for damages which may occur to me, my minor children, or equine family (i.e. horses, mules, donkey, etc.). I also assume and accept full responsibility for any damages done by us or our equine family at any Kit Carson Riding Club, Inc. sponsored or supervised activity during this year.

FAMILY MEMBER

(Please Print)

BIRTH DATE

(mm/dd/yyyy)

SIGNATURE

(Parents sign for children under 18)

FAMILY MEMBER (Please Print)	BIRTH DATE (mm/dd/yyyy)	SIGNATURE (Parents sign for children under 18)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent: _____

Please print the name of the signing parent of minor children above

Date: _____ Address: _____

Phone: _____ City: _____ Zip: _____