

Kit Carson Riding Club, Inc.

PO Box 88075
Black Forest, CO 80908

www.KitCarsonRidingClub.com



RENEWAL APPLICATION

Family Membership

Annual Dues - \$30.00

For KCRC USE ONLY

NAME: (Last, First, Middle Initial)	SPOUSE: (Last, First, Middle Initial)																														
ADDRESS: (Street, City, State, Zip)																															
TELEPHONE:	EMAIL:																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Adult Name: _____ Birth Date: _____ Occupation: _____ Employed By: _____ Address: _____ City: _____ Work Phone: _____ Cell Phone: _____ Email: _____ </td> <td style="width: 50%; vertical-align: top;"> Adult Name: _____ Birth Date: _____ Occupation: _____ Employed By: _____ Address: _____ City: _____ Work Phone: _____ Cell Phone: _____ Email: _____ </td> </tr> </table> <p>Family Information</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Children: _____</td> <td style="width: 33%;">Birth Date: _____</td> <td style="width: 33%;">Age: _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>What do you enjoy most about KCRC? _____</p> <p>What do you think needs improvement? _____</p> <p>How can we serve your club needs? _____</p> <p>Last year how many times did you use the grounds?</p> <p>_____ Times/mo _____ Times/week _____ Often _____ Rarely _____ never</p> <p>What committees would you like to participate on next year?</p> <table style="width: 100%; border: none;"> <tr> <td>Gymkhanas <input type="checkbox"/></td> <td>Parades <input type="checkbox"/></td> <td>Media <input type="checkbox"/></td> <td>Scrapbook <input type="checkbox"/></td> </tr> <tr> <td>Maintenance <input type="checkbox"/></td> <td>Education <input type="checkbox"/></td> <td>Trail Rides <input type="checkbox"/></td> <td>Concessions <input type="checkbox"/></td> </tr> <tr> <td>By-Laws <input type="checkbox"/></td> <td>Membership <input type="checkbox"/></td> <td>Royalty <input type="checkbox"/></td> <td>Parties/Dances <input type="checkbox"/></td> </tr> <tr> <td>Sponsorship <input type="checkbox"/></td> <td>Scholarship <input type="checkbox"/></td> <td>History <input type="checkbox"/></td> <td>EXCA <input type="checkbox"/></td> </tr> </table> <p>Joined KCRC(month/year): _____ Key Card Number: _____</p>		Adult Name: _____ Birth Date: _____ Occupation: _____ Employed By: _____ Address: _____ City: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Adult Name: _____ Birth Date: _____ Occupation: _____ Employed By: _____ Address: _____ City: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Children: _____	Birth Date: _____	Age: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Gymkhanas <input type="checkbox"/>	Parades <input type="checkbox"/>	Media <input type="checkbox"/>	Scrapbook <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Education <input type="checkbox"/>	Trail Rides <input type="checkbox"/>	Concessions <input type="checkbox"/>	By-Laws <input type="checkbox"/>	Membership <input type="checkbox"/>	Royalty <input type="checkbox"/>	Parties/Dances <input type="checkbox"/>	Sponsorship <input type="checkbox"/>	Scholarship <input type="checkbox"/>	History <input type="checkbox"/>	EXCA <input type="checkbox"/>
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Reviewed: _____ Secretary: _____
 President: _____ Treasurer: _____
 V. President: _____ Chk #: _____
 Board Members: _____ \$Rec'd: _____
 Rec'd Date: _____

*Form must be filled out completely, if not filled out completely it could be rejected prohibiting your chance at being a voting member.

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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: _____