The Santa Rosa Plateau Riding Club Membership for 2024

Welcome to an exciting new year that will be filled with horseback riding and fun social events designed especially to keep our beautiful trails and meet up with our community friends. To have a successful year, we need help from everyone. Being a volunteer club, we are asking all members to help out in one little way or another. Please indicate a committee or function that you could donate a little time to. If everyone does just a little bit, we could have the best year yet!!

 4th of July Committee Telephone Committee Harvest Dance Committee Let us know if you have a special skill or c 	 Trail Maintenance Volunteers Host an Event/Ride Host a Potluck Holiday Dinner/Dance Committee contribution or have comments/suggestions. We'd like 	 Fundraiser Committee Host a Clinic or Educational Gig Kids Events / Youth Coordinator to hear from you!
Is your information the same as last year? Yes		
YOUR NAME		
RANCH NAME		
PLATEAU ADDRESS		
MAILING ADDRESS		
	MOBILE/CELL PHONE #	
MEMBERSHIP: \$100.00/year (by 1 Is it OK to put your membership information in the 0	please email a digital pix for	is NOT in the 2023 Directory, 2024 Directory to <u>gail@teamway.com</u> mbership Directory. Extra copies at \$10.00 each.
MEMBERS Mail this SRPRC membership form with \$100 annual dues by 12/31/23 to: SRPRC P.O. Box 9, Wildomar, CA 92595 or pay online at www.srprc.com	MEMBER ADVERTISERS Pay online at www.srprc.com for your HB advertisement	Dues enclosed: \$ Extra Directories \$ Total Enclosed \$ Check No
I hereby acknowledge and recognize that participation the risks of injury (including death) to myself and to my employees, agents, volunteers, hosts, property owners	Waiver of Liability/Assumption of Risk for in equine activities carries with it an inherent risk to my per property. I hereby release and discharge The Santa Rosa R of sites where activities take place and parties with whom o as the "Released Parties" from any and all liabilities, clain	erson and to that of others. I accept and assume all Plateau Riding Club, their officers, directors, guests, they have contracts with to provide facilities or ser-
behalf, arising out of my participation in equestrian activ	es may or may not be insured (wholly or in part) against ar vities, camps, trail rides, gymkhanas, or any other sponsor al insurance that would cover any medical expenses in the e surance.	red function. I further understand that the Released
I represent that I have carefully read each of the above As a member of the Santa Rosa Plateau Riding Club, I	provisions, that I fully understand each provision, and my s understand that this waiver will be in effect for the entire ye	signature below, consent to be bound thereby. ar of my membership in the club.
PRINT NAME	PRINT NAME	
DATE	DATE	

SIGNATURE	

SIGNATURE _____

Minors must be accompanied by a parent on Club rides. If signing for your minor child that is 12 years or more, state child's name.

Name: _____ Parent's

Parent's Signature: