

The Santa Rosa Plateau Riding Club Membership for 2018

Welcome to an exciting new year that will be filled with horseback riding and fun social events designed especially to raise the funds needed to improve our trails!! To have a successful year in 2018, we need help from everyone. Being a volunteer club, we are asking all club members to help out in one little way or another! Please indicate below 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!!

- | | | |
|--|---|---|
| <input type="checkbox"/> Ride Sign Ins | <input type="checkbox"/> Drink Ticket Sales | <input type="checkbox"/> 50/50 Ticket Sales |
| <input type="checkbox"/> New Membership Committee | <input type="checkbox"/> Telephone Committee | <input type="checkbox"/> "Water" Truck Tender |
| <input type="checkbox"/> Trail Maintenance Volunteers | <input type="checkbox"/> Move Club Trailer | <input type="checkbox"/> Host a Potluck Indoors |
| <input type="checkbox"/> Host a Potluck Outdoors | <input type="checkbox"/> Host a Clinic or Educational Gig | <input type="checkbox"/> Barn Dance Committee |
| <input type="checkbox"/> 4th of July Committee | <input type="checkbox"/> Christmas Party Committee | <input type="checkbox"/> Set up Tables/Chairs for event/s |
| <input type="checkbox"/> Fundraiser Committee | <input type="checkbox"/> Clean up after event/s | <input type="checkbox"/> Host an Event/Ride |
| <input type="checkbox"/> Kids Events / Youth Coordinator | <input type="checkbox"/> Let us know if you have a special skill or contribution!!! | |

Let us know if you have any other comments or suggestions! We'd like to hear your feedback!

Is your information the same as last year? Yes No

NAME _____ SPOUSE _____

FAMILY MEMBERS' NAMES _____

RANCH NAME _____

PLATEAU ADDRESS _____

MAILING ADDRESS _____ E-MAIL ADDRESS _____

PHONE #1 _____ MOBILE # _____ FAX# _____

FAMILY or INDIVIDUAL MEMBERSHIP: \$75.00/YEAR Is it OK to put your membership information in the Club Directory? Yes No

In addition to one FREE Membership Directory, I wish to order _____ extra copies at \$10.00 each.

Dues enclosed: \$ _____
 Extra Directories \$ _____
 Late payment \$25 after 1/31/17 \$ _____

Total Enclosed \$ _____
 Check No. _____

If your photo is NOT in the 2017 Directory, please email a digital pix to info@teamway.com for 2018 Directory! Thanks

HB ADVERTISERS

Please make your check for
advertising payable to SRPRC
 Mail check & form to: Teamway
 24926 Hayes Ave., Murrieta, CA 92562
 Ad check due November 15, 2017
 to secure ad space.
Club Members must pay their dues by a SEPERATE check mailed to Elin's address.

MEMBERS

Mail this SRPRC membership form and \$75 dues to: SRPRC
 c/o Elin Motherhead
 18575 Vista De Montanas
 Murrieta CA 92562
Membership only due by January 10, 2018.
 Late fee if paid after 1/31/18

Agreement for Release, Waiver of Liability/Assumption of Risk for Calendar Year 2018

I hereby acknowledge and recognize that participation in equine activities carries with it an inherent risk to my person and to that of others. I accept and assume all the risks of injury (including death) to myself and to my property. I hereby release and discharge The Santa Rosa Plateau Riding Club, their officers, directors, guests, employees, agents, volunteers, hosts, property owners of sites where activities take place and parties with whom they have contracts with to provide facilities or services (all of whom are hereinafter collectively referred to as the "Released Parties" from any and all liabilities, claims, demands or causes of action that I may have for injuries, damages and death.

I understand and acknowledge that the Released Parties may or may not be insured (wholly or in part) against any claims or actions brought by me or others on my behalf, arising out of my participation in equestrian activities, camps, trail rides, gymkhanas, or any other sponsored function. I further understand that the Released Parties may or may not have any health or other medical insurance that would cover any medical expenses in the event of my injury or death. I understand that it is my responsibility to provide my own liability and medical insurance.

I represent that I have carefully read each of the above provisions, that I fully understand each provision, and my signature below, consent to be bound thereby. As a member of the Santa Rosa Plateau Riding Club, I understand that this waiver will be in effect for the entire year of my membership in the club.

PRINT NAME _____ PRINT NAME _____

DATE _____ DATE _____

SIGNATURE _____ SIGNATURE _____