

# The Santa Rosa Plateau Riding Club Membership for 2025

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
  - Host an Event/Ride
  - Host a Potluck
  - Holiday Dinner/Dance Committee
  - Fundraiser Committee
  - Host a Clinic or Educational Gig
  - Kids Events / Youth Coordinator
- Let us know if you have a special skill or contribution or have comments/suggestions. We'd like to hear from you!

\_\_\_\_\_

RANCH NAME \_\_\_\_\_ LANDLINE: \_\_\_\_\_

YOUR NAME \_\_\_\_\_ CELL: \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ CELL: \_\_\_\_\_

RANCH ADDRESS \_\_\_\_\_ BEST E-MAIL: \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

MEMBERSHIP: \$75.00/year

**MEMBERS**  
 Mail this SRPRC membership form with  
**\$75 annual dues**  
 to  
**SRPRC**  
 P.O. Box 9, Wildomar, CA 92595

**ADVERTISING  
 OPPORTUNITIES**  
 to  
**SRPRC**  
 P.O. Box 9, Wildomar, CA 92595  
 for your HB  
 advertisement

Dues enclosed: \$ \_\_\_\_\_

\$10 Extra Directories \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Check No. \_\_\_\_\_

## Agreement for Release, Waiver of Liability/Assumption of Risk for Calendar Year 2025

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 \_\_\_\_\_

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.

Child's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_