## Rusty Gaits Saddle Club, Annual Membership Application

(Please complete this form and mail it or give to an executive member with your payment)

Name:				
Address:		2nd:		
City:		Province:	P.C.:	
Email Address:			"REQUIRED"	
Telephone:	Cell:	Fax	:	
	0.00, Family \$40.00, Day Page of birth is required. Also you require			
Youth Name		Birth Dat	e	
Youth Name	Age	Birth Dat	e	
Youth Name	Age	Birth Dat	e	
list of classes and activities in participate in these activities understand that all applicable responsibility for personal separations under my parental cand humane in the treatment I understand that understand the properties of the participate of t	sportsmanlike or irresponsible ne, and inhumane treatment of ecutive is prohibited and shall addition if I am requested to lea	n physically, emotion chanically fit for my e followed and that a more I understand that aits events are orderly conduct or any other horses, as determined be grounds for discip	ally and mentally able to use in these activities. I also t all times the sole at conduct of all persons or y, responsible, sportsmanlike form of misconduct, such I by an experienced show olinary action including	
Sign and also print your nam			Date	
If applicant is a min	or: Date of Birth (see above) _			
As the Single or Far Member or Participant, or as	nily Membership applicant, the the Parent/Guardian of the ab	e new "Day Pass" on ove Applicant/s, that	e day only, I shall indemnify	

As the Single or Family Membership applicant, the new "Day Pass" one day only, Member or Participant, or as the Parent/Guardian of the above Applicant/s, that I shall indemnify and Hold Harmless the Rusty Gaits Saddle Club their Members, Agents and or Employees/Volunteers from and against all Claims, Demands, Losses, Suits and Proceedings by any third parties that may arise out of, or may attribute to all operations performed or carried out by this club.

As a Parent or Guardian I further agree to allow my child or children to participate in all activities unless otherwise noted on this application.

I also agree to designate someone of guardian age (18 years or older) to be on hand at all times to supervise my child, and his or her property and equipment in my absence. That person will also have the necessary medical information in the case of any requirement.