

# DeRidder Riding Club

## Application for Membership

Membership Fee \$75.00/Family

Coggins: \_\_\_\_\_

Fees Pd: \_\_\_\_\_

Event Year: \_\_\_\_\_ Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Yes, I want to receive notifications via email

Yes, I want to receive notifications via text

Participants: Please list in order of age the members of your family who are participating. **\*Ages listed should be the age of the participant as of January 1st of the current year.** Family members that are allowed to be included are those that you have legal custody, either sole, joint or temporary. If you have any questions, please do not hesitate to contact a board member.

Name				
Last	First	Age*	Date of Birth	Division

Divisions: Leadline 1 - 6 yrs; Peanut 1 - 6 yrs; Pee Wee 7 - 10 yrs; Junior 11 - 14; Intermediate 15 - 18 yrs;  
Senior I 19 yrs & up.

I fully understand and will abide by the by-laws of the DERIDDER RIDING CLUB. In consideration of your accepting this, I, and my family, our heirs, executors, and assigns, wave and release all rights and claims for damages we may have against the DERIDDER RIDING CLUB, and any other person or entity associated with the event(s) and their representatives, successors, and assigns, for any and all injuries suffered by us in said events. I further attest that we are physically fit and have sufficiently trained for the competition of the event(s). **I further certify that my horse(s) are Coggins negative and will produce evidence of negative Coggins Test upon request of the Board of Directors of the DERIDDER RIDING CLUB.** I understand that, as a member of the DERIDDER RIDING CLUB, I will be required to assist at a minimum of two (2) club shows, and one event. If I choose not to perform these duties, I will pay a \$75.00 fee to the DERIDDER RIDING CLUB.

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Date

# EVENT AGREEMENT AND RELEASE WAIVER

**Event:** DeRidder Riding Club Shows and Jackpots, including the Tri-Parish Show, roping events and any other club sponsored event.

**Location:** Beauregard Covered Arena or any other board approved location.

**Please read carefully before signing. The DERIDDER RIDING CLUB and Club managers do not guarantee your safety.**

I acknowledge the By-laws of the DERIDDER RIDING CLUB (on website). Yes \_\_\_\_\_ No \_\_\_\_\_

I acknowledge Show Rules of the DERIDDER RIDING CLUB (on website). Yes \_\_\_\_\_ No \_\_\_\_\_

1) **Voluntary Participation:** I agree that I, the undersigned, do for myself or on behalf of my child, spouse, or legal ward, hereby voluntarily participate in the above stated event, and that I/we participate in this event totally at our own risk for injuries or property damage we may incur in relation to this event.

2) **Incident Costs Responsibility and Medical Insurance Disclosure:** I agree that I/we will be responsible for any and all costs incurred by us for injuries or property damage I/we may incur.

My family is covered by Medical Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Accident-Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

3) **Personal Responsibility:** I agree that I am responsible for the negligent acts of my family members and/or legal wards and animals, and I do carry liability insurance now in force under: (check those applicable)

\_\_\_\_\_ Homeowner's Insurance \_\_\_\_\_ Tenant's Insurance Policy

\_\_\_\_\_ Separate Personal Liability Policy \_\_\_\_\_ Farm Owner's Policy

4) **Personal Financial Losses:** I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the premises where this event is held.

5) **Protective Headgear Warning:** I agree that I have been fully warned and advised by DERIDDER RIDING CLUB that I should purchase and wear protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F-1163 Equestrian Helmet, while riding, being around and working near horses. I understand that the wearing of such headgear while mounting, riding, dismounting, and otherwise being near horses, may reduce severity of some of the wearer's head injuries and possible prevent the wearer's death from happening as the result of a fall from a horse or other occurrences.

6) **Liability Release:** I agree that I hereby, for myself and my family members, my heirs, administrators, personal representatives, and assigns, do agree to hold harmless, release and discharge the DERIDDER RIDING CLUB its owners, agents employees, officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurers and others acting on its behalf of all claims demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to the DERIDDER RIDING CLUB'S ordinary negligence; and I do further agree that **except** in the event of the DERIDDER RIDING CLUB'S gross negligence. I shall bring no claims, demands, legal actions, and causes of action against the DERIDDER RIDING CLUB. I shall bring no claims, demands, legal actions, and causes of action against the DERIDDER RIDING CLUB and it's associates as stated above in this clause for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child(ren) and/or legal ward in relation to the premises and operations of the DERIDDER RIDING CLUB, to include, but not limited to, while riding, handling, or otherwise being near horses or other equine species or equestrian events.

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Date

**Names of all minor participants in the events for whom I am legally responsible.**

First Name	Last Name	Date of Birth

**Statement of awareness: I, the undersigned, being of the full age of majority, have read and understand the foregoing agreement and release.**

\_\_\_\_\_  
Signature of First Adult Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (Spouses must sign for themselves)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Contact Phone Number

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Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

# YEAR END AWARDS

Please print or type each participants name legibly as he/she desires to have their name on the awards. In order to avoid delay in ordering of any awards the participant may be eligible, PLEASE COMPLETE THIS PORTION OF THE APPLICATION AT THE TIME IT IS TURNED IN. Thank You.

Participant Name		Buckle	Western Shirt	T-Shirt
First	Last	Event	Size	Size

This is correct: Initials \_\_\_\_\_