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## MANES & TAILS HARNESS CLUB, INC. **2016 LIABILITY WAIVER**

Name (printed):		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
	carry Liability Waive ersigned, do for myself or on behave participate in the events totally rance Disclosure. I agree that I/w/we incur and that I/we are covered onsible for the negligent acts of more now in force. Ponsible for my own financial lose in the premises where events are how been fully warned and advised equality standards of the SEI CER and working near horses. I under juries and possibly prevent the westelf, my family members, my heir discharge this club, its owners, agreers, affiliated organizations, insurability, whether the same be known her agree that except in the event of the standard of the same be sent to the same be sent to the same be known her agree that except in the event of the same be sent to the same be same to the same be sent to the same be same to the sam	If of my child, spouse, or legal ward, hereby at our own risk for injuries or property damage will be responsible for any and all costs ed by accident-medial insurance coverage now ine, my family members and/or legal wards and in relation to the theft or damage to our tack, eld.  by this club that I should purchase and wear extified ASTM STANDARD F 1163 stand that the wearing of such headgear may earer's death from happening as the result of a sea, administrators, personal representatives, and ents, employees, officers, directors, erers, and others acting on its behalf, of all in or unknown, anticipated or unanticipated due of this club's gross negligence, I shall bring no
economic and non-economic losses due to bodil legal ward in relation to the premises and operatorial otherwise being near horses or other equine specare specare with the specare of the s	tions of this club, to include but n cies. s in possession of a negative cogg	ot limited to, while riding, driving, handling or
event and that test was drawn within the last 12	months.	
*Rides* I understand that there are to be no ride that I/we would take total responsibility upon m I/we would hold harmless the Manes & Tails Havolunteers.	nyself, my group, or family for an	y injuries caused as a result of giving rides and
*Safety* I understand that if I use unsafe harner passing, etc) that could endanger myself or other		nsafe driving practices (i.e. cantering, unsafe
*Youthful Drivers* Youthful drivers under the vehicle at all times as per American Driving Soc		y a knowledgeable adult horseman in the
CT A	TEMENT OF AWARENES	2
I, the undersigned, being of legal age,		
Names of all Minor Participants in the even		
1		
EACH LEGAL AGE PARTICII Participant's Signature:  Spouse (must sign for themself):	PANT, PARENT OR LEGAI	L GUARDIAN MUST SIGN:



## MANES & TAILS HARNESS CLUB, INC. **2016 MEMBERSHIP FORM**

	Date:				
Member(s) Name (printed):					
Farm Name:					
Address:					
City:	State:	Zip:	County:		
Home Phone: ()		Cell Phone: (	)		
Members Email Address:					
Members Occupation: Spouses Occupation:					
MEMBERSHIP DUES:					
Would you like to receive the newsletter by <b>email</b> ? Membership price: <b>\$30.00</b>					
Would you like to receive the newsletter by <b>mail</b> ?					
Could you host a monthly drive? Months/date available					
Could you host a sleighing party? Months/date available					
What program topics would you be interested in at our monthly meetings?					
Would you present a topic at the monthly meeting?					
Have you in the past or do you currently belong to any other horse related clubs? Please list.  Current:					
Past:					
Should the club sponsor other events auctions, etc.)	,				

## SEND MEMBERSHIP & LIABILITY FORM AND MEMBERSHIP DUES TO:

Current Treasurer: Ken Letourneau

16815 Square Lake Trail Stillwater, MN 55082