

# Kachemak Bay Equestrian Association, Inc.

P.O. Box 3120, Homer, AK 99603 \*\* 235-8214

KBEA is a 501(c)3 organization \*\* Contributions are Tax Deductible!

## Membership Application/Renewal

**Supporting Member:**

Youth (17 & younger) \_\_\_\_\_ x \$10 = \_\_\_\_\_

Adult (18 & Up) \_\_\_\_\_ x \$20 = \_\_\_\_\_

Family \_\_\_\_\_ x \$80 = \_\_\_\_\_

**Riding Member:**

Youth (17 & younger) \_\_\_\_\_ x \$10 = \_\_\_\_\_

Adult (18 & up) \_\_\_\_\_ x \$45 = \_\_\_\_\_

Family \_\_\_\_\_ x \$125 = \_\_\_\_\_

**Sponsorship:**

Platinum (\$1500 or above) \_\_\_\_\_ Gold (\$1000-1499) \_\_\_\_\_ Silver (\$500-999) \_\_\_\_\_ Bronze(\$200-499) \_\_\_\_\_

Land Baron (\$100-199) \_\_\_\_\_ Gambler (\$50-99) \_\_\_\_\_ Cowpoke (up to \$49) \_\_\_\_\_

Please Print

Name: Last _____ First _____	Spouse: Last _____ First _____		
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Additional Family members - need birth date if youth 17 & under			
Name: _____	Birth Date: _____		
Name: _____	Birth Date: _____		
Name: _____	Birth Date: _____		
Name: _____	Birth Date: _____		

Email address: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Volunteer for a committee:

Newsletter: \_\_\_\_\_ Fund Raising: \_\_\_\_\_ Building: \_\_\_\_\_ Historian: \_\_\_\_\_

It is recommended that members carry their own insurance, as Kachemak Bay Equestrian Association will not be responsible for injuries. You are riding and handling horses at your own risk. I certify that the information provided is true and accurate. I agree to the Rules and Regulations of the Association and to live by the Association's Code of Ethics. I realize that failure to comply may result in termination of membership. I have received a member handbook and understand that the governing By-Laws for the Association are available upon request.

\_\_\_\_\_  
Signature (must be signed by parent/guardian if youth)

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PLEASE READ AND SIGN WAIVER ON REVERSE SIDE

**Office use only:**

Member# \_\_\_\_\_

(Printed) Account set-up name Last, First, M \_\_\_\_\_

Account set-up name if joint account \_\_\_\_\_

## PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

In consideration of the services of the Kachemak Bay Equestrian Association, Inc., their agents, owners, officers, board members, members, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "KBEA"), whose mailing address is PO Box 3120, Homer, AK 99603 and registered office is located at 4900 Scenic View Drive, Homer, AK 99603, I hereby agree to release and discharge KBEA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. **Acknowledgment:** I acknowledge that being around and working with horses entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Being kicked or bitten; thrown off, trampled, stepped on or rolled on by a horse; wildlife attacks while on trail rides; reaction to dust, foliage, trees, plants and pollen; falling in mud or water, on uneven terrain or slippery surfaces, etc.

Furthermore, association officers, board members, volunteers and riding instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They may give inadequate warnings or instructions and the equipment being used may malfunction.

2. **Accept and Assume Risk:** I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks and assume all liability as defined in Alaska Statute Sec. 09.65.145 and Sec. 09.65.290.

3. **Hold KBEA Harmless:** I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless KBEA and its officers, board members and volunteers, from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of KBEA's equipment or facilities, including any such claims which allege negligent acts.

4. **Hold KBEA Harmless for Fees Incurred:** Should KBEA or anyone acting on its behalf, be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. **Insurance Coverage:** I certify that I have adequate medical insurance and personal liability to cover an injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against KBEA on the basis of any claim from which I have released them herein.

I have had sufficient time to read this entire document. I have read and understood it and I agree to be bound by its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Kachemak Bay Equestrian Association, Inc.**

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**PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION**

(Must be completed for all youth 17 years of age and under)

In consideration of \_\_\_\_\_ (print youth's name) being permitted by Kachemak Bay Equestrian Association, Inc. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Kachemak Bay Equestrian Association, Inc. and its officers, board members, general members and volunteers, from any and all claims which are brought by, or on behalf of youth, which are in any way connected with such use or participation by youth.

\_\_\_\_\_  
Must be signed by parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**HELMET WAIVER FOR YOUTH 13 - 17 YEARS OF AGE**

I am aware of and have been advised that Kachemak Bay Equestrian Association, Inc. strongly recommends that all youth wear equestrian safety helmets while riding. I have been advised that this recommendation by Kachemak Bay Equestrian Association, Inc. is based on their concern for the personal safety of the participants and to minimize the possibility of serious injury and/or death. By signing below, I am hereby allowing my child which I affirm is between the age of 13 and 17, to ride without wearing a helmet, **when supervised by an adult**, even though it has been recommended for their own safety. I am aware that the inherent risk of serious injury and/or death is increased by not wearing this safety feature. I am voluntarily making this decision on behalf of my child, knowing full well of the increased risks involved and am in no way making this decision under duress, threats or any other influence. I hereby release Kachemak Bay Equestrian Association, Inc. and Cottonwood Horse Park from any liability.

\_\_\_\_\_  
Must be signed by parent or legal guardian

\_\_\_\_\_  
Date