

Giddy Up Riders

OF KANSAS CITY!

SADDLE CLUB MEMBERSHIP APPLICATION

APPLICATION FOR ☐ INDIVIDUAL ☐ FAMILY MEMBERSHIP ☐ YOUTH(UNDER 18)

APPLICANT:

NAME/S _____ CELL PHONE _____ DOB _____
ADDRESS _____
EMAIL _____ AGE (IF UNDER 18) _____

PARENT/GUARDIAN INFORMATION (IF APPLICANT IS UNDER 18)

PARENT/GUARDIAN NAME _____
PHONE NUMBER _____
EMAIL _____

EMERGENCY CONTACT

NAME _____
PHONE _____
RELATIONSHIP TO APPLICANT _____

RIDING EXPERIENCE

☐ BEGINNER ☐ INTERMEDIATE ☐ ADVANCED ☐ PROFESSIONAL

NUMBER OF HORSES OWNED _____

HORSE NAME/S & BREDS

1	_____	4	_____	7	_____
2	_____	5	_____	8	_____
3	_____	6	_____	9	_____

PREFERRED RIDING STYLE

☐ ENGLISH ☐ WESTERN ☐ TRAIL ☐ COMPETITIVE ☐ OTHER: _____

SKILLS/INTEREST (E.G. GROOMING, JUMPING, RODEO, CLINICS)

COMMITTEE & VOLUNTEER INTEREST

☐ FACILITIES ☐ FINANCE & FUNDRAISING ☐ PETTING FARM & ANIMAL CARE ☐ SECURITY
☐ HOMESTEAD & GARDENING ☐ MEMBERSHIP & EVENTS ☐ MERCH & MARKETING
☐ PROMOTIONS & PUBLIC RELATIONS ☐ TRAINING & RODEO COORDINATION
☐ YOUTH MENTORSHIP ☐ OTHER: _____

MEMBERS CAN VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING COMMITTEES, OR THEY WILL BE ASSIGNED AS NEEDED

MEDICAL INFO

ALLERGIES OR CONDITION _____
MEDICATIONS (IF APPLICABLE) _____



MEMBERSHIP AGREEMENT

BY SIGNING BELOW, I AGREE TO ABIDE BY ALL SADDLE CLUB RULES AND PARTICIPATE IN A RESPECTFUL, SAFE, AND SUPPORTIVE MANNER. I UNDERSTAND THAT EQUINE ACTIVITIES INVOLVE RISK AND ASSUME FULL RESPONSIBILITY FOR ANY INJURIES OR DAMAGES THAT MAY OCCUR.

LIABILITY WAIVER & RELEASE

I, THE UNDERSIGNED, UNDERSTAND AND ACKNOWLEDGE THAT PARTICIPATION IN EQUINE AND SADDLE CLUB ACTIVITIES INVOLVES INHERENT RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS BODILY INJURY, ILLNESS, OR DEATH, WHICH MAY BE CAUSED BY MY OWN ACTIONS OR INACTIONS, THE ACTIONS OR INACTIONS OF OTHERS, OR THE CONDITION OF THE FACILITIES AND EQUIPMENT.

BY SIGNING BELOW, I VOLUNTARILY ASSUME ALL SUCH RISKS AND AGREE TO RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS THE SADDLE CLUB, ITS OFFICERS, MEMBERS, VOLUNTEERS, LANDOWNERS, AFFILIATES, AND INSTRUCTORS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES, NOW OR IN THE FUTURE, ARISING FROM PARTICIPATION IN CLUB-RELATED ACTIVITIES, WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE SADDLE CLUB OR OTHERWISE.

IF THE PARTICIPANT IS UNDER THE AGE OF 18, I, AS THEIR PARENT OR LEGAL GUARDIAN, CONSENT TO THEIR PARTICIPATION AND AGREE TO THE TERMS STATED ABOVE.

PARTICIPANT NAME: _____

SIGNATURE OF PARTICIPANT (IF 18+): _____ DATE: _____

PARENT/GUARDIAN NAME (IF UNDER 18): _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CLUB USE ONLY

☐ APPLICATION APPROVED

☐ MEMBERSHIP FEE PAID: \$ _____

☐ WAIVER SIGNED

☐ ADDED TO CLUB ROSTER

CLUB OFFICER NAME: _____ SIGNATURE: _____ DATE: _____

