

TWHA MEMBERSHIP FORM

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY, STATE & ZIP CODE _____

EMAIL _____

HORSE NAME(S) _____

Events you are interested in participating in/helping with _____

PLEASE CHECK ONE:

ONE YEAR (this year) membership: Individual = \$20 Family = \$25 Junior = \$10

TWO YEAR (this year + next year) membership: Individual = \$35 Family = \$45 Junior = \$15

Send this completed form (including release, below) with your check (made out to "TWHA") to:

TWHA, 50 La Encinal, Orinda CA 94563 [925-254-8943]

TWHA RELEASE OF LIABILITY (please complete one copy for each member, minor release below)

MEMBER NAME (please print): _____

I acknowledge that horseback riding is a sport that carries inherent risks of injury and damage to horse, my property, and myself. I knowingly assume all risks, whether known or unknown, of horseback riding.

I hereby release the Tilden Wildcat Horsemen's Association (hereinafter referred to as TWHA) from all liability for any act of negligence or want of ordinary care on the part of TWHA, and/or any of its agents. In consideration of my participation in events organized or sponsored by TWHA, I waive, release, and discharge TWHA and their directors, officers, agents, and members, their representatives, heirs, executors, and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. This agreement is binding upon my executors, heirs, and assigns.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless TWHA and their officers, directors, members, and agents against all claims, demands, and causes of action, including court costs, and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

TWHA and their agents or employees shall not be liable for any damage that may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

SIGNATURE: _____ DATE: _____

MINOR RELEASE

PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN BELOW

I, the undersigned parent or guardian of _____, in consideration of my minor's participation in TWHA, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, his animals, and property arising out of his participation in TWHA events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

NAME: _____ DATE: _____

TELEPHONE: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

SIGNATURE: _____