

**BAINBRIDGE SADDLE CLUB
2024 MEMBERSHIP**

Name: _____
Address: _____

Phone: _____
Email: _____

<p>Checks Payable to Bainbridge Saddle Club</p> <p>Membership Fee: \$50</p> <p>Paid Date: _____</p> <p>Check #: _____</p> <p>Received By: _____</p> <p>Method Received: _____</p> <p>*Office Use Only*</p>
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Family Members Under Membership (Please include ages of those under 18 as of January 1, 2024.)

Mailing Address:
Amber Beams
Attn: Bainbridge Saddle Club
1357 W. Co. Rd. 1000 N
Roachdale, IN 46172
beamsa14@gmail.com

Warning: Under Indiana law, an equine sponsor or professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. I acknowledge that participation in horseback riding (the "activity") is HAZARDOUS and involves a great risk of injury. I expressly assume all risk associated with participating in the activity.

I acknowledge that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities, including but not limited to, bodily injury or death resulting from kicks, bites, falling off horses or horses falling on riders, riders being dragged by a foot caught in the stirrups, riders being thrown by horses, equipment failure or collision with the horses or vehicles or other inanimate objects; and acknowledge further that a horse, irrespective of its training and usual past behavior and characteristics may act or react unpredictably at times based upon instinct or fright, which, likewise, is an inherent risk assumed by a horseback rider.

In consideration of receiving permission to take part in the activity, I agree to release and hold harmless Bainbridge Saddle Club, or anyone associated with the organization or property (collectively the "release parties") from any and all liability, claims, damages, actions and causes or action whatsoever, I might state as a result of physical injury, including death, or property damage or loss sustained in connection with the activity. Additionally, I agree to indemnify the released parties for any claim brought by a third party in connection with mt participation in the activity.

Signature: _____

Date: _____