

# Magic Valley Reined Cow Horse Association

PO Box 5956  
Twin Falls, ID 83301

## 2010 Membership Application

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Cel \_\_\_\_\_

E-Mail \_\_\_\_\_

**All correspondence will be sent via e mail unless you circle yes below.**

**Do you need information sent via regular mail Yes or No**

Social Security # ( for 1099 if you win more than \$ 600. ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Amount paid Individual \$25 \_\_\_\_\_ Family \$ 35 \_\_\_\_\_

### **Assumption of Risk and Waiver of Liability and Release**

I, the undersigned, my spouse and children, wishing to participate in any and all equine events produced or sponsored by Magic Valley Reined Cow Horse Association in consideration with mutual covenants and the requirement and necessity of each of the participants to execute such Assumption of Risk and Waiver of Liability and Release, I / we agree as follows:

I understand that being around horses and cattle carries certain inherent dangers, and that in order to participate in these events, I must expose myself to the dangers of collisions of horses, people and cattle. I understand that there is no reasonable action to avoid these risks of some other person acting in a negligent and careless manner. Therefore, I/we willingly assume those risks and I waive my right to pursue any claims and I/we specifically waive any such claims, causes of action or rights to pursue Magic Valley Reined Cow Horse Association, it's officers, agents, employees, servants, or members and specifically waive any right to pursue actions or claims for damage to my property, animate or inanimate. Further, I agree to indemnify any other participant, officer, agent or employee of Magic Valley Reined Cow Horse Association or any other who has executed this waiver in mutual reliance upon each other's waivers.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Signed by \_\_\_\_\_