

Blue Mountain Cutters Membership Application
This application must be signed, dues paid and provided to
show office before the show.

Name (Please Print) _____

Family Member _____ Relationship _____

Family Member _____ Relationship _____

Address _____

Town/City _____ State _____ Zip _____

Phone _____ Email _____

Membership Type: Family _____ \$50 Single _____ \$40 Youth _____ \$20

Optional Donations: Year-end Awards _____

Release of Waive:

The undersigned acknowledges that participation in horse events either as a rider, an employee or a volunteer exposes the participant to substantial and serious risk of property damage, personal injury or death. The undersigned expressly acknowledges that their participation in club events will involve such hazard.

Release of BMC Officers/Directors, Venue Owner, Stock Contractor, Sponsor

The undersigned hereby releases BMC Officers/Directors, Venue Owner, Stock Contractor and all sponsors from liability, any and all property damage, person injuries or other claims arising from the undersigned's participation in an event including those and unknown, unforeseen, future or contingent.

Covenant Not to Sue

The undersigned covenants that they shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceedings executed and delivered this release as of the date signed below against Blue Mountain Cutters (BMC) or their officers, directors, employees, agents or affiliates concerning arising out of or related to the actions, caused or action, claims and demand hereby waived; released or discharged by the undersigned.

Assurances

The undersigned has full power, authority, capacity and right, without limitation, to execute, deliver and perform the release.

Binding Effect

The release shall be binding upon the undersigned, undersigned's spouse, legal representatives, heirs, successors and assigns. This release has been fully and carefully read by the undersigned and the undersigned fully understands it's terms and conditions and has voluntarily executed and delivered this release as of the date signed below.

Signature (Parent or Legal Guardian Must Sign for Minor) _____ Date _____

Signature (Spouse if Family Membership) _____ Date _____

CORONA VIRUS COVID-19 RELEASE AND WAIVER

Assumption of the Risk and Waiver of Liability Relating to Corona virus/COVID-19

The Novel Corona Virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/we maybe exposed to or infected by COVID-19 by attending the BMC event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the BMC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BMC Officers/Board Members, volunteers, and event participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I/we may experience or incur in connection with my/our attendance at a BMC event or participation ("Claims"). I/we hereby release, covenant not to sue, discharge, and hold harmless the BMC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BMC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any BMC event. I also understand that the club's event Liability Insurance policy waives and excludes from coverage any and all liability related to COVID-19. If the participant is a Youth, I assume this responsibility as the parent or legal guardian.

Signature (Parent or Legal Guardian Must Sign for Minor) _____ Date _____

Signature (Spouse if Family Membership) _____ Date _____

Please Return To: **Heidi Wittig**
P.O. Box 286
Mansfield, WA 98830-0286

