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 \$40	Single \$30	Youth\$15	
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 iun 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 Mind	or Date
Signature (Spouse if Family Membership)	Date
Assumption of the Risk and Waiver of Liability Relating to The Novel Corona Virus, COVID-19, has been declared a Organization. COVID-19 is extremely contagious and is be person contact. As a result, federal, state, and local govern agencies recommend social distancing and have, in many groups of people. By signing this agreement, I acknowled voluntarily assume the risk that I/we maybe exposed to or BMC event and that such exposure or infection may result disability, and death. I understand that the risk of becoming BMC may result from the actions, omissions, or negligence limited to, BMC Officers/Board Members, volunteers, and evoluntarily agree to assume all of the foregoing risks and a (including, but not limited to, personal injury, disability, and or expense, of any kind, that I/we may experience or incur BMC event or participation ("Claims"). I/we hereby release harmless the BMC, its employees, agents, and represental liabilities, claims, actions, damages, costs or expenses of a understand and agree that this release includes any Claim negligence of BMC, its employees, agents, and represental occurs before, during, or after participation in any BMC event Liability Insurance policy waives and excludes from coveral of the participant is a Youth, I assume this responsibility as	Corona virus/COVID-19 worldwide pandemic by the World Health elieved to spread mainly from person-to- ments and federal and state health locations, prohibited the congregation of lege the contagious nature of COVID-19 and infected by COVID-19 by attending the in personal injury, illness, permanent gexposed to or infected by COVID-19 at the of myself and others, including, but not event participants and their families. I compare the compared property of the covernment of the c
Signature (Parent or Legal Guardian Must Sign for Mino	or Date
Signature (Spouse if Family Membership)	Date

Please Return To: Heidi Wittig

P.O. Box 286

Mansfield, WA 98830-0286