



2021 MEMBERSHIP FORM

Northwest Saddle Club, Inc.

Mailing Address : PO Box 405, Hugo, MN 55038

Show grounds : 26950 Lyons St NE, North Branch, MN 55056

Email: amandarosehill@yahoo.com

Membership Period 1/1/2021-12/31/2021

<input type="checkbox"/> Youth ----- \$25.00 <input type="checkbox"/> Individual ----- \$40.00 <input type="checkbox"/> 2 Member Household ----- \$50.00 <input type="checkbox"/> 3 or More Member Household ----- \$60.00 <input type="checkbox"/> Honorary (over 65 after 1-yr paid membership) ----- n/a <input type="checkbox"/> I agree to allow my membership information to be included in the NWSC directory for use only by other club members.	<p style="text-align: center;">\$10 discount if renewals received by the February NWSC meeting!</p> <p style="text-align: center;">ALL members must sign the release form.</p>
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New members must be present at the general meeting to be considered for membership. Forms that are received by mail will be held for a month if the new member is not present. The meetings are held on the first Tuesday of each month. Questions? Contact nwsc.membership@nwsaddle.org

Please do not send cash through the mail. Checks or money orders should be made payable to: **Northwest Saddle Club**

Send dues to: Membership Committee Chair
 Northwest Saddle Club
 PO Box 405
 Hugo, MN 55038

Working Membership Requirements: Each individual member 11 years and older will be required to work a minimum of 12 qualifying hours. Qualifying hours are only hours open to all members having the opportunity to volunteer. Hours as a Committee Chair, Board Member or Officer of the club are not considered qualifying hours. If required hours are not met, the penalty will be the difference between the working and non-working membership and assessed the next time the membership is to be renewed. ANY member can work hours for ANY member. These hours will be the same hours needed for the Year End Awards nomination, but the nomination form and payment are still needed to enter into the program.

MEMBERSHIP ROSTER INFORMATION -- to be completed each year for new and renewals members. (Print clearly -- thank you!)

Please list all family members, including full names, DOB and Division as of 1/1/2021, to be included in the membership.

Name	Date of Birth	Division - Pick one								Email Address	Phone
		PW 10 & under	JR 11-13	INT 14-17	SR 18-34	SR+ 35-49	SS 50 & over	Non-riding			

Mailing Address: _____

City: _____ State: _____ Zip: _____

New Members - please provide name of referring NWSC member: _____

I am interested in volunteering for the following club activities:

- _____ Pleasure Shows (hand out ribbons, announcer, show office, gate, ring master, show chair)
- _____ Game Shows (gates, arena help, announcer, show office help, backup timer, show chair)
- _____ Youth Meetings and Youth Events
- _____ Grounds (cutting grass, arena mtce, equipment mtce, building mtce)
- _____ Tack Swap (consignment check-in, check-out, set up, tear down, security)
- _____ Silent Auction (seek donations, donate an item, set up, tear down, check out, thank you letters)
- _____ Mid-Winter Canter Party and Awards Banquet (event planning, cooking, set up, tear down)
- _____ Social Activities (trail rides, open riding, clinics, parades, boat rides...always open to new ideas)
- _____ Other -- please list

Any questions on anything, please don't hesitate to ask.

See contact information for board members and officers on our website, nwsaddleclub.org. New ideas are welcome!

Members are invited to find us on Facebook -- look up Northwest Saddle Club and request to join the group.

**PARTICIPANT'S AGREEMENT FOR RELEASE OF LIABILITY AND ASSUMPTION OF RISK
REGARDING THE INHERENT RISKS OF LIVESTOCK ACTIVITIES**

THE UNDERSIGNED, A PARTICIPANT (OR THE PARENT/GUARDIAN OF A PARTICIPANT) at an equestrian event at Northwest Saddle Club (NWSC), has read and hereby signs this Agreement for Release of Liability and Assumption of Risk, waiving Participant's right to sue NWSC and/or its agents or assigned for claims alleged to arise from accidents, acts or omissions, up to and including ordinary negligence under Minnesota law, occurring on the premises and/or arising from contact with horses or other animals or livestock on the premises in connection with the equestrian event. The Participant agrees and acknowledges as follows:

Horses are unpredictable animals. By signing this Agreement, I acknowledge that I understand the inherent risks of livestock activities defined in Minnesota Statutes § 604A.12:

Subdivision 1. Definitions. (a) For purposes of this section, the following terms have the meanings given them.

(b) "**Inherent risks of livestock activities**" means dangers or conditions that are an integral part of livestock activities, including:

- (1) the propensity of livestock to behave in ways that may result in death or injury to persons on or around them, such as kicking, biting, or bucking;
- (2) the unpredictability of livestock's reaction to things like sound, sudden movement, unfamiliar objects, persons, or other animals;
- (3) natural hazards such as surface or subsurface conditions; or
- (4) collisions with other livestock or objects.

(c) "**Livestock**" means cattle, sheep, swine, horses, ponies, donkeys, mules, hinnies, goats, buffalo, llamas, or poultry.

I further understand that NWSC is a Minnesota non-profit organization that is exempt from liability for the death of or an injury to a participant resulting from the inherent risks of livestock activities under Minnesota Statutes § 604A.12 Subd. 2.

I agree to abide and follow all rules and signs posted on the premises. I understand that my safety, and the safety of any children under my supervision, is solely my own responsibility. I agree that the use of helmets and other safety gear is entirely at my own discretion, and I expressly assume the risk of accidents occurring on the premises and/or accidents arising from the inherent risks of livestock activities as defined above.

Participant Name (printed): _____	Date: _____
Participant Signature: (or parent/guardian of participant) _____	
In case of Emergency, call name: _____	Phone Number: _____
Participant Name (printed): _____	Date: _____
Participant Signature: (or parent/guardian of participant) _____	
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