

GABILAN CUTTERS INC. MEMBERSHIP APPLICATION

SHOW SEASON: 2023-2024 NEW: ___ RENEWAL: ___

FAMILY MEMBERSHIP IS \$50 PER SHOW SEASON.

MEMBERSHIP IS DUE UPON PARTICIPATING, INCLUDING EXHIBITING, PROVIDING TURN BACK HELP, USING THE PRACTICE PEN, OR RIDING IN THE WARM UP AREA, IN THE FIRST SHOW OF A GIVEN SHOW SEASON AND IS AVAILABLE TO INDIVIDUALS AND MARRIED COUPLES WITH CHILDREN UNDER 21 YEARS OF AGE. ALL BOARD MEMBERS, HORSE OWNERS AND RIDERS, INCLUDING EXHIBITORS, TURN BACK HELP, PRACTICE PEN PARTICIPANTS AND WARM UP AREA RIDERS, MUST BE A CURRENT MEMBER OF GCI IN ORDER TO PARTICIPATE IN A GABILAN CUTTERS INC. EVENT.

NAME (INCLUDE SPOUSE): _____

CHILDREN: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **EMAIL:** _____

ACKNOWLEDGMENT OF RISK: THE UNDERSIGNED ACKNOWLEDGES THAT THE PARTICIPATION IN HORSE EVENTS, EITHER AS A CONTESTANT, AN EMPLOYEE, OR A VOLUNTEER EXPOSES THE PARTICIPANT TO SUBSTANTIAL AND SERIOUS RISK OF PROPERTY DAMAGE, PERSONAL INJURY AND/OR DEATH. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES THAT HIS/HER PARTICIPATION IN THE EVENT WILL INVOLVE SUCH HAZARDS.

RELEASE OF SPONSORS: THE UNDERSIGNED HEREBY RELEASES ALL SPONSORS FROM ANY LIABILITY AND ANY AND ALL PROPERTY DAMAGE, PERSONAL INJURIES OR OTHER CLAIMS RESULTING FROM THE UNDERSIGNED PARTICIPATION IN THE EVENT, INCLUDING THOSE KNOWN OR UNKNOWN, UNFORESEEN, FUTURE OR CONTINGENT.

RELEASE OF GABILAN BOARD OF DIRECTORS AND OFFICERS: THE UNDERSIGNED HEREBY RELEASES THE GABILAN BOARD OF DIRECTORS AND OFFICERS FROM ANY LIABILITY AND ANY AND ALL PROPERTY DAMAGE, PERSONAL INJURIES OR OTHER CLAIMS RESULTING FROM THE UNDERSIGNED'S PARTICIPATION IN THE EVENT, INCLUDING THOSE KNOWN OR UNKNOWN, UNFORESEEN, FUTURE OR CONTINGENT.

ASSURANCES: THE UNDERSIGNED HAS FULL POWER, AUTHORITY, CAPACITY AND RIGHT WITHOUT LIMITATION TO EXECUTE, DELIVER, AND EXECUTE THIS RELEASE.

BINDING EFFECTS: THIS RELEASE SHALL BE BINDING UPON THE UNDERSIGNED, THE 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 THE TERMS AND CONDITIONS AND HAS VOLUNTARILY EXECUTED AND DELIVERED THIS RELEASE AS OF THE DATE SIGNED BELOW.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY: PAID CASH: ___ CHECK: ___ CHECK NUMBER: _____

PLEASE PRINT THIS PAGE AND MAIL COMPLETED FORM AND CHECK TO: GABILAN CUTTERS INC, PO BOX 71, SAN MARTIN, CA 95046-0071