

LBHA MEMBERSHIP FORM

LBHA, founded in 1984, is a non-profit, informational and awareness organization dedicated to the Arena at Loomis Basin Community Park South, Placer County, Traylor Ranch and the Rural Lifestyle

New or Returning Member? New Member Renewing Member

Type of Membership? Individual (\$15) Family (\$20) Business (\$25)

Business Name (if applicable) _____

Name: (Individual is also the Primary member, the main point of contact for a Family Membership, and the name listed in the LBHA Directory.)

First Name

Last Name

Street Address

City

State

Zip Code

County

E-mail

Please print legibly

Phone

Additional Family Member #1 _____

Age if a Junior

Additional Family Member #2 _____

Age if a Junior

Committees you are interested in serving on – check all that apply

Arena

Trail

Horse Show

Publicity

Newsletter

Membership

County Liaison

Traylor Ranch

Do you need a key to the Trailer Parking Area -- \$10 for members / \$20 for non-members Yes No

Do you want to be on the LBHA E-mail List for up-to-date news? Yes No

Amount submitted for Dues and Keys

\$ _____

LBHA to enter key # _____

Donation to Arena Fund

\$ _____

Donation to Traylor Ranch Fund

\$ _____

TOTAL amount submitted

\$ _____

Mail to LBHA
P. O. Box 2326
Loomis, CA 95650

Date: _____

Make sure you sign the Liability Form on the reverse side. If family membership, please have each member sign.

LOOMIS BASIN HORSEMEN'S ASSOCIATION
RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. The undersigned acknowledges that horse-related activities are dangerous and that horses themselves have unpredictable temperaments which can sometimes cause injury. The undersigned acknowledges that even the most experienced horse event sponsor, participant or horse owner cannot predict how each individual horse will react in a variety of situations and cannot guarantee my safety. THEREFORE, BY SIGNING BELOW, I KNOWINGLY ASSUME THE UNAVOIDABLE RISKS INHERENT IN ALL HORSE-RELATED ACTIVITIES, WHETHER KNOWN OR UNKNOWN, INCLUDING BUT NOT LIMITED TO BODILY INJURY AND PHYSICAL HARM TO HORSE, RIDER AND SPECTATOR, AND AGREE TO THE FOLLOWING ON BEHALF OF MYSELF AND MY SPOUSE, IF ANY:

1. I HEREBY RELEASE AND DISCHARGE **LOOMIS BASIN HORSEMEN'S ASSOCIATION ("LBHA"), THE LBHA BOARD OF DIRECTORS, ALL LBHA OFFICERS AND INDIVIDUAL CLUB MEMBERS AND THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES, AS WELL AS PLACER COUNTY**, (HEREINAFTER COLLECTIVELY KNOWN AS "RELEASEES") FROM ALL ACTIONS, CLAIMS OR DEMANDS I MAY NOW OR HEREAFTER HAVE FROM INJURY, DEATH OR DAMAGE RESULTING FROM MY PARTICIPATION IN ANY HORSE-RELATED ACTIVITIES SPONSORED BY LBHA, AT LOOMIS BASIN HORSEMEN'S ARENA OR AT ANY OTHER LOCATION.
2. I also EXPRESSLY WAIVE any rights I may have under California Civil Code Section 1542, which states: **"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."**
3. I agree that I will DEFEND, INDEMNIFY AND HOLD HARMLESS Releasees against all claims, demands and causes of action, including court costs and actual attorney's fees, arising from any proceeding or lawsuit brought against them due to any act done by me, or brought by me or for my benefit.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT CAREFULLY AND COMPLETELY, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND RELEASEES, AND I SIGN IT OF MY OWN FREE WILL. I FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE, AND THAT I RELY ON NONE. THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING BY ME.

Signature (Primary Member)

Signature (Secondary Member)

Print Name

Print Name

Dated: _____

Name and Age, if minor(s) _____

Signature of Parent or Guardian

Print Name

Dated: _____