

John Wayne Pioneer Wagons & Riders (JWPWR) 23515 NE Novelty Hill RD suite B221-304 Redmond, WA 98053

Print: Name #1 _____ Phone _____ Cell _____ Name #2 _____ Cell _____
 E-mail # 1: _____ Address: _____ City _____ State _____ E-mail #2 _____
 Emergency Contact: Name: _____ Relationship _____ Phone _____ Cell _____

Membership Application and Liability Waiver

Annual Membership: Jan. 1 to Dec. 31 of each year. Members paying on or after Sept. 1st will be paid through Dec. 31st of the following year. Members may be required to pay fees for other individual activities.

Membership Defined: One household. The number of adults for a Household Membership is limited to two, unless other adults qualify as dependents and are claimed on either of the primary adults' tax return. Dependents can include full time college students, elderly parents, or disabled adult children. Only the two Primary Members listed under #1 and #2 are eligible to vote.

Liability Waiver: With my payment for membership and with my signature (s) below, I agree to abide by the JWPWR bylaws. I hereby recognize in accordance with Washington State WAC 4.24.530 and 4.24.540 that any time a participant engages in an equine activity there is a potential for an accident that can cause injuries to horses, riders and spectators and also recognizes the fact the JWPWR, including Officers or members cannot always know the conditions of the trails or the experience of riders or horses taking part in trail rides or other JWPWR activities and I here by release the above named JWPWR its Officers, its members and any owners of real property upon which JWPWR activities are held from any claim or right for damages resulting from injury or death that might occur to me, my dependents or my animals. **Annual Dues:** \$30 with an E-mail Newsletter, \$40 with a Mailed Newsletter Please Circle E-mail NL or Mailed NL. Ok to print E-mail on Roster. Yes No .

Signature #1 _____ Date _____
Signature #2 _____ Date _____

Parent or Legal Guardian must sign for Children under 18 Participants

Please circle each Participant Type that is appropriate

Participant is Cyclist, Walker,H. Rider,Teamster,Wagon Rider, Helper,NTU
 Name _____ Signature _____
 Participant is Cyclist, Walker,H. Rider,Teamster,Wagon Rider, Helper,NTU
 Name _____ Signature _____

www.johnwaynetrailride.com

Is this the First Time on the Cross State Ride? Yes _____ No _____
How did you hear about the Ride? _____

2018 36th Annual Cross State Ride Registration			
150 Participants Maximum No refunds After May 5th			
Fee Schedule	Persons	Fee	Total
Membership: One Required per Household \$30 with E-mail or \$40 with mailed Newsletter		30 or \$40	
Children: Age 12 and Under		Free	
Walkers, Cyclists, Teamsters, Horse & Wagon Riders			
3 Days or Less		\$100	
Dates Attending _____			
Full Trip (FT)		\$200	
<i>If not part of this household fill out a separate Form</i>			
Teamster Helper: One or two horses, 1 Required (FT)		\$25	
Over 2 horses: Up to 1 for each horse over 2 (FT)		\$75	
Non Trail Users (NTU): Just along in camp		\$50	
Late Registration: If Paid After May 5th		\$35	
1. Fill out this form with all Household Signatures	Total		

- 2. Sign the Tunnel release Form on the Back of this Sheet.**
Each Ride Participant Must Sign this Sheet.
- 3. Mail this Completed Form with Check or Money Order (no cash) to**
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Participant is Cyclist, Walker,H. Rider,Teamster,Wagon Rider, Helper,NTU
 Name _____ Signature _____
 Participant is Cyclist, Walker,H. Rider,Teamster,Wagon Rider, Helper,NTU
 Name _____ Signature _____
 Participant is Cyclist, Walker,H. Rider,Teamster,Wagon Rider, Helper,NTU
 Name _____ Signature _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

With my signature below I knowingly have made a request to ride on the John Wayne Pioneer Trail/Iron Horse state Park (trail), knowing that the State Of Washington (the State) has deemed that some tunnels that the Trail passes through are unsafe and dangerous. The dangers include but are not limited to the possibility of falling debris, roof or wall collapse, debris on ground and lack of light in the tunnels. I agree to enter such tunnels at my own risk. I fully understand that head protection in the form of a certified protective helmet is recommended to avoid possible severe injuries or death. I further understand that I need to provide my own artificial source of portable lights, such as lanterns or flashlights, I take full responsibility to assure my safety.

I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: (1) _____, (2) _____, (3) _____, (4) _____, (5) _____, (6) _____

Parent or Guardian's initials (if under 18): (1) _____, (2) _____, (3) _____, (4) _____, (5) _____, (6) _____

In consideration for permission to ride on the Trail and specifically through its tunnels, I agree to the following:

1. I waive release the State with any affiliated State agency, and all their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively) from any and all liability for personal injury, death, and/or damage or loss of my personal property occurring during my ride. I also waive and release any claim arising from or related to the negligent act or omission, or alleged negligent act or omission by any member, employee or agent of the State.
2. I also agree that myself, heirs, executors, administrator and assigns shall indemnify, and hold harmless the State, all member of actions, suits, debts, counts, claims, and demands, or damages or liability or expense of every kind and nature, incurred or arising by reason of actual or claimed intentional, deliberate, indifferent, negligent, malfeasance, or wrongful act or omission, arising from related to or as result of my use of the Trail. Or while accompanying any member or members of The State during the performance of their duties during my ride-along the Trail.

I have carefully read and fully understand its contents, and I sign it of my own free will. I also know and understand that I have the right to consult with an attorney before signing this agreement. I also can revoke this agreement at any time before my ride-begins, but one ride begins, this release cannot be rescinded.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, AND I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE STATE AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

(1) PARTICIPANT/PARENT

Signature _____

Name Printed _____

Signature of Minor _____

(3) PARTICIPANT/PARENT

Signature _____

Name Printed _____

Signature of Minor _____

(5) PARTICIPANT/PARENT

Signature _____

Name Printed _____

Signature of Minor _____

(2) PARTICIPANT/PARENT

Signature _____

Name Printed _____

Signature of Minor _____

(4) PARTICIPANT/PARENT

Signature _____

Name Printed _____

Signature of Minor _____

(6) PARTICIPANT/PARENT

Signature _____

Name Printed _____

Signature of Minor _____