

Santa Cruz County Fair & Rodeo Assoc.

2018 Membership Form

Membership expires December 31, 2018 (Revised 10-11-17)

(Please print all information)

Date: _____

1. CONTACT INFORMATION

Names (including spouse): _____

Mailing Address: _____

City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

2. MEMBERSHIP STATUS (circle one)

Single \$25 (one vote) Couple \$45 (two votes) Small/Large Business \$100 (up to 5 votes)

Family \$60 (all adults can vote, provided they are 18 or older, all residing in one household)

Family Membership Only: please list names & ages of children under 18 and sign reverse if applicable:

3. VOLUNTEER PREFERENCES

SCCFRA relies upon its members to keep the schedule of activities running smoothly. Please consider the following areas and check those where you would like to volunteer your time:

<input type="checkbox"/> Horse Races	<input type="checkbox"/> County Fair	<input type="checkbox"/> Community Events	<input type="checkbox"/> Membership
<input type="checkbox"/> Memorial Day Rodeo		<input type="checkbox"/> Fundraising	<input type="checkbox"/> Publicity
<input type="checkbox"/> Quarter Horse Show		<input type="checkbox"/> History Museum Docent	
<input type="checkbox"/> Labor Day Rodeo		<input type="checkbox"/> Maintenance	

4. Please make check payable to SCCFRA and return with this application by mail to:

SCCFRA - P.O. Box 85, Sonoita, AZ 85637; or stop by or call 520-455-5553 to pay by Credit Card.

OFFICE USE ONLY: Date Paid _____ Cash/CC/Check _____ Cards Given _____

EQUINE ACTIVITY

ACKNOWLEDGMENT OF RISK AND RELEASE

This **Equine Activity Acknowledgement of Risk and Release Agreement** (the "Agreement") is provided in conjunction with the undersigned's membership, either individually, collectively or as a parent or guardian of a minor child covered by the membership, hereinafter, the "Member") in the Santa Cruz County Fair and Rodeo Association, Inc. ("SCCFRA").

The Member makes the following declarations, representations, certifications, waivers and releases with regard to any equine activity taking place on the Sonoita Fairgrounds (the "Premises") whether sponsored directly by the SCCFRA or any other entity to which the Premises may have been rented or leased or involving Member's personal use of the Premises (the "Activity"):

I am fully aware that horseback riding and its associated activities entail risks or injury or death to participants and spectators alike. I clearly understand that the Activity in which I am participating may result in my injury or death or injury or death to others as a result of my actions or failure to act. I acknowledge that my participation is purely voluntary. I likewise acknowledge that I am responsible for the direction and control of any equine under my control and for the selection and use of equine equipment for the Activity.

I certify that I am fully able to participate in the Activity and that the SCCFRA has no responsibility and assumes no liability for any physical, mental or emotional impairment on my part, whether known or unknown either to me or the SCCFRA, that might be a cause of, or contributory factor to any injury that I might sustain, or which might be sustained by others as a result of my actions or failure to act, while participating in the Activity.

I expressly agree to accept and assume all responsibility for the risks associated with the Activity, whether or not specifically identified prior to or during the Activity. I further acknowledge and agree that the SCCFRA has no responsibility to specifically identify any such risks except to the extent the SCCFRA knows that the risks involve hazardous conditions existing on the Premises that is under its control during the Activity.

I assume full responsibility for myself, my horse, my minor children and any other minors then under my care and control and their horses, for bodily injury, death, loss of property and claims, costs and expenses arising there from as a result of those risks inherent in the Activity or my or their own negligence actions or failure to act while participating in the Activity.

Having given the foregoing representations, acknowledgments and waivers and agreeing that the SCCFRA has the right to rely on the same, I voluntarily release, forever discharge and hold harmless the SCCFRA from any and all claims, demands or causes of actions, including attorney fees and costs of maintaining or defending such actions that may be the direct or indirect result of my participation in the Activity or the participation of any party on whose behalf I have provided this Agreement.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this Agreement shall be effective and binding against me, my heirs, assigns, personal representatives, estate and any minors accompanying me on whose behalf I have signed the Agreement.

Signature of Member/Parent/Guardian: _____

Date: _____

Print Name: _____

List youth under 18 covered by this Release:
