

Renewal New Member

Paid \$ _____ Csh/Chk # _____

VALLEY PENNING ASSOCIATION P O BOX 396 SANTA YNEZ, CA 93460

MEMBERSHIP RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT FOR THE YEAR _____

Each regular member and each junior member must have a waiver on file to participate or compete.

Check box if contact information is unchanged, fill in your name below.

Please print legibly to allow us to keep accurate / current records:

Name _____ Home Phone _____

Street / P O Box _____ Alternate Phone _____

City & Zip _____ Email _____

Current VPA Division Rating (Opn, Ltd or Nov) _____ Desired Rating _____

Indicate which: New \$100 _____; Renewal \$50 _____; Junior \$5 _____; Day Fee \$10 _____

Please read and initial each paragraph below:

I am aware and fully understand that horses and livestock are unpredictable and dangerous. I realize that placing myself or my family members in this environment, on the Property upon which this event will take place, either as a participant or a spectator, creates a hazardous situation and a risk of injury to person and property. (initials) _____

I understand that participation in team penning, team sorting and other equine activities are particularly dangerous and that serious injury or death of riders or horses is possible. I also understand that riders expect to be injured from time to time. (initials) _____

I realize that profession instruction cannot prevent serious injury or death to people or horses while working around, handling or riding horses or ponies. (initials) _____

In consideration of allowing me to participate, ride, handle horses, receive instruction, engage in equestrian activities and/or be a spectator at this event, I agree to release Valley Penning Association, the owners and leasees of the Property and the operators of this event, their employees, agents and assigns, from any liability or responsibility to me or my property, for accident, damage, injury or illness to person or property. (initials) _____

I assume all liability no matter how catastrophic, or the cause, for the unavoidable risks inherent in all equestrian (and livestock) related activities, which risk shall include but not be limited to bodily injury, physical harm or death to person or property. (initials) _____

I also agree to defend, indemnify and hold harmless Valley Penning Association, the owners and leasees of the Property and the operators of this event, their employees, agents and assignees, against all claims, demands and causes of action (which includes court costs and attorney's fees) prosecuted for my benefit. I agree that this release extends to all claims of every kind and nature whatsoever whether known or unknown and expressly waive any benefits of 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. (initials) _____

Valley Penning Association, the owners and leasees of the Property and the operators of this event, their employees, agents and assignees have my permission to initiate emergency first aid treatment for myself and my children in the event such treatment is considered reasonable, such determination may be made of their sole discretion. (initials) _____

I specifically and knowingly agree to defend, indemnify and hold harmless from any and all claims of every kind and nature whatsoever whether known or unknown Nancy L Williams and Jerry Williams Jr dba Williams Livestock and Nancy L Williams, an individual, John and Jacqui Williams, individuals, Rodney and Holly Williams, individuals, Jerry and Sandra Williams Jr, individuals and Parks Ranch, LLC. I expressly waive any benefits of CCC Section 1542. (initials) _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AN VALLEY PENNING ASSOCIATION AND THE PROPERTY OWNERS AND/OR LEASEES AND THE OPERATORS OF THESE EVENTS, THEIR EMPLOYEES, AGENTS AND ASSIGNEES AND I SIGN IT OF MY OWN FREE WILL.

Date: _____

Member's Signature: _____ Junior DOB _____

Junior Members (10-16 on Jan 1st of current year) or Regular Member at 17. Please have parent or guardian complete below.

Parent or Guardian: _____ Signature: _____

VALLEY PENNING ASSOCIATION
P. O. Box 396, SANTA YNEZ, CA 93460

RATING FORM: All New Member Applications must accompany this completed form to be considered. Participants will be rated as "Open Riders" in the "Open Division" until a rating has been established. The following information will assist the Ratings Committee and the Board of Directors in determining an individual's rating.

1. Name: _____ Email: _____
Address: _____
Phone: _____ Fax: _____

2. Other Equine Sport Association Memberships:
1. _____ Rating : _____
2. _____ Rating : _____
3. _____ Rating : _____

3. Association Contests: (Contest & Division entered)
1. _____ Placed: _____
2. _____ Placed: _____
3. _____ Placed: _____

4. Jackpot Pennings in last five years:
1. _____ Winnings: _____
2. _____ Winnings: _____
3. _____ Winnings: _____

5. How long have you been Team Penning? _____
How long have you been Team Sorting? _____

6. Association or Club Arena used for practice:
1. _____ How often: _____
2. _____ How often: _____
3. _____ How often: _____

7. Have, or do you now compete in other horse events? (Enter how long)
Cutting: _____ Reining: _____ Working Cow Horse: _____ Roping: _____
Jumping: _____ Barrels _____ Other _____

8. Awards (Money, Buckles and Placings) won in the last three years in horse events:
1. _____ Place: _____ Winnings: _____
2. _____ Place: _____ Winnings: _____
3. _____ Place: _____ Winnings: _____

9. Please rate your horse as follows: (Excellent, Above Average, Average, or Below Average)
Penning _____ Sorting _____

10. Do you: Train horses: _____ Give Clinics: _____
If yes, give details: _____

11. List two VPA members familiar with your penning / sorting experience:
1. _____ Phone: _____
2. _____ Phone: _____

12. Signature: _____ Date: _____