

2024 Kel-Mac Membership Application

Return to: Kel-Mac Saddle Club, P.O. Box 5474 Athens, GA 30604

Annual Membership to be effective January 1, 2024 – December 31, 2024

www.kel-mac.com

****You must be a member to receive points at our Shows & be eligible for Year End Awards****

Please print legibly

Members Name _____ Date: _____

Address: _____ City _____ State: _____ Zip Code _____

Home Phone: _____ Cell # _____ Work _____

Email Address (required) _____

MEMBERSHIP TYPE: **(Check one)** Individual \$20.00 Family \$30.00

***** SAVE \$5.00 OFF Membership if you join before January 1, 2024 *****

Please list family members:

Adult #1 _____

Adult #2 _____

Adult #3 _____

Childrens Names: (Family Membership includes children living at home who are under the age of 21 as of 1/1/2024)

First & Last Name _____

First & Last Name _____

First & Last Name _____

First & Last Name _____

Special Interests: (Check all that apply)

_____ Shows _____ Clinics _____ Trail Riding _____ Educational Meetings

***** PLEASE READ & SIGN WAIVER/RELEASE ON BACK OF THIS FORM *****

PLEASE READ THE FOLLOWING & SIGN BELOW

WAIVER/ RELEASE

For Georgia Equine Law & Communicable Diseases Including COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Kel-Mac Saddle Club Horse- Show and related events and activities, the undersigned acknowledges, appreciates and agrees that:

UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPNSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PUSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIALCODE OF GEORGIA ANNOTATED. I understand that this is a high-risk sport, and I am participating at my own risk. I hereby release and hold harmless the organizer, organizing committee, judges and all officials from liability for accidents, damage, injury, or illness to horses, owners, exhibitors, employees, attendants, spectators or any other person or property suffered during or in connection with this event.

Participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, Influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation as regards top protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS KEL-MAC SADDLE CLUB, their officers, officials, agents and/or lessors of premises used to conduct the event (RELEASEES), with respect to any and all illnesses, disability, death, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, TO FULLEST EXTENT OF THE LAW.

_____ I HAVE READ AND UNDERSTAND THE 2024 KEL-MAC SHOW RULES AND REGULATIONS

_____ I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ I grant permission and consent for Kel-Mac Saddle Club to use photographs and videos taken of me (and any minor children of whom I am guardian of) at any Kel-Mac event under any legal condition including, but not limited to publications, news releases, advertising, Kel-Mac website and FB page.

RIDER SIGNATURE _____

(If Rider is over 18 years of age)

Date

GUARDIAN SIGNATURE _____

(If Rider is under 18 years of age)

Date

For Office Use Only

Date paid _____ Received By _____ Cash _____ Check _____ Check # _____