

## COUNTY LINE RIDERS OF CATALINA, INC.

501(c)3 Non-Profit Organization Since June 1994

## 2025 MEMBERSHIP/RENEWAL FORM

■ New Member\* • ■ Renewal

eferred by anyone? Who? _			
	Birthd	ay:	
Birthday:			
Family membership livin	g in your hous	sehold:	
Name:		Birthday:	
PIMA TRAILS ASSOCIATION ASSOCIATE MEMBERSHIP  \$5.00  You will be supporting Pima County's premier Trails Advocacy group and receive their quarterly newsletter.		MAIL COMPLETED FORM ALONG WITH DUES TO: Membership, CLRC PO Box 8881 Tucson, AZ 85738	
TOTAL AMOUNT:		•	m
	Bev Showalter, President 520-850-2196, bevshowalter@comcast.ne www.countylineriders.org  We'd like your help and input in all phases of our development. Indicate		те
elp others move	<ul> <li>□ Trails Access</li> <li>□ Hospitality</li> <li>□ Speakers</li> <li>□ Lead Trail Rides</li> <li>□ Computer Skills</li> <li>□ Training Clinics</li> <li>□ Newsletter</li> </ul>		
	Best phone #:	Birthda  Best phone #:  Birthda  Birthda  Family membership living in your house  Name:  Name:  Name:  PIMA TRAILS ASSOCIATION  ASSOCIATE MEMBERSHIP  \$5.00  You will be supporting Pima  County's premier Trails Advocacy group and receive their quarterly newsletter.  TOTAL AMOUNT:  \$	Best phone #:

## PARTICIPANT AGREEMENT/RELEASE AND ACKNOWLEDGMENT OF RISK

On consideration of the services of County Line Riders of Catalina, Inc., its agents, officers, employees, stockholders, volunteers and all other persons or entities associated with those businesses (hereinafter collectively referred to as "CLRC"), I AGREE TO THE FOLLOWING:

Although CLRC has taken reasonable steps to provide a safe event so you can enjoy an activity which you may not be skilled, we wish to remind you that this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your horse (meaning equine of any kind) or equipment, or accidental personal injury or illness, or, in extreme cases, permanent injury or death. It is not our intention to frighten you or reduce your enthusiasm for its activity, but we do believe that it is important for you to know in advance what to expect and informed of the inherent risks. In addition to the risks outlined above, the risks include, but are not limited to:

- In horseback riding you can be heavily jolted, bounced, thrown, and otherwise shaken. It is possible that you can sustain injuries by coming into contact with trees, shrubbery, cactus, rocks and other plants, etc., snakes and other critters. The trails we ride on may be hazardous.
- Accidents can occur during horseback riding. You can slip and fall or be thrown resulting in equipment damage or personal injury. Injuries can be sustained by coming into contact with harmful plants, insects, or animals.
- Accidents can happen getting on and off the horses. You could slip or fall. You could damage or lose equipment that you are carrying, e.g., eyeglasses, cameras, daypack, etc., or you could injure yourself by falling against some object.
- Exposure to elements can lead to discomfort, illness, or death. You may be exposed to lightning strikes. You may be subject to flooding or flashfloods. You should be aware that exposure can cause dehydration, sunburn, heat cramps, heat exhaustion, or heat stroke.
- Injuries may be complicated by the unavailability of medical facilities or personnel in remote areas.

I AM FULLY AWARE that horseback riding and its associated activities entail risks of injury or death to myself. The examples listed above are only illustrations of the wide variety of risks attendant to a horseback riding expedition. I clearly understand that other unknown or unanticipated situations may result in injury or death. I expressly agree and promise to accept and assume all responsibilities for the risks identified herein, and for the risks not specifically identified. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate knowing of the risks.

I voluntarily release, forever discharge, and agree to hold harmless, County Line Riders of Catalina, Inc., from any and all claims, demands, or causes of action, which are in any way connected with my participation in horseback riding and its associated activities or my using CLRC's equipment or facilities, including any such claims which allege negligent acts of CLRC.

While there are no specific prerequisite qualifications to participate in this activity, I certify my physical condition allows me to participate in this activity without endangering myself or others. I have advised agents of CLRC in writing of any specific physical or health conditions which might be of concern to me during this activity, or require special preparations.

I CERTIFY that I am fully capable of participating in this activity, therefore I assume full responsibility for myself, my minor children, and for my horse for bodily injury, death, loss of property, and expenses thereof as a result of those inherent risks and/or any negligence which occurs while I am participating in this activity.

I recognize that this agreement and release is a contract pursuant to which I have released any and all claims against CLRC by signing this document. I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CLRC on the basis of any claim from which I have released CLRC herein.

ASTM/SEI CERTIFIED riding helmets that are in good condition and not otherwise damaged, are required for participants under the age of 18, and are highly recommended for all riders in all events. We recommend you have in your possession communication equipment in good working order, and that your riding and horse equipment is in good working order.

I HAVE READ, UNDERSTOOD, AND ACCEPTED THE TERMS AND CONDITIONS STATED HEREIN and acknowledge that this agreement shall be effective and bind upon myself, my heirs, assigns, personal representatives, estate, and all members of my family, including any minors accompanying me.

Signature of Participant:	Print name:	
Date:		
Signature of Participant:	Print name:	
Date:		
If under 18, signature of Parent or Guardian:	Print name:	
Date:		