

YAKIMA VALLEY TEAM PENNING CLUB

Membership application for the year: **20** ()
 Membership No.

TYPE OF MEMBERSHIP	PAYMENT INFO:
Single (\$15.00) ____ / *Family (\$20.00) ____ **Existing Member Late Charge: (\$5.00)____, if Membership not Paid by Jan. 15 th	Pd by Check #: ____ / Pd by Cash: ____ At Meeting or Penning: ____/____/____ Via Mail: ____/____/____

***FAMILY MEMBERSHIP ... only includes children less than 18 years of age, or still in high school.**

****LATE CHARGE 3.2.1 BY-LAWS:** Assessed dues (for existing members) not paid prior to **January 15th** of the calendar year will be assessed an additional **\$5.00** (Five Dollars) to be paid by the Member at the time of dues payment.

CIRCLE ONE:			
LEGAL NAME –Print Clearly	SIGNATURE	AGE	SOCIAL SECURITY #
MAILING ADDRESS		CITY	ST ZIP
E-MAIL ADDRESS (to receive Penning News)		Home, or Work # ()	Cell Phone # ()
JACKET SIZE	SWEATSHIRT SIZE	VEST SIZE	

CHECK HERE, if this a DIFFERENT mailing address from what we have on record: ☐

CIRCLE ONE:			
SPOUSE (S/O) LEGAL NAME	SIGNATURE	AGE	SOCIAL SECURITY #
E-MAIL ADDRESS, if different than above.		Home, or Work # ()	Cell Phone # ()
JACKET SIZE	SWEATSHIRT SIZE	VEST SIZE	

Your address/telephone numbers will be published in the membership roster, unless this box is checked: ☐

* CHILDREN, IF PENNING (Must be Under 18 as of January 1 st , or still in high school.)					JACKET
COMPETING CHILDREN Print below	Signature	Age	Social Security #	DESIGNATE CLASS Circle One:	SIZE
				OPEN - AM - NOV GREEN NOV YOUTH	
				OPEN - AM - NOV GREEN NOV YOUTH	
				OPEN - AM - NOV GREEN NOV YOUTH	

**** DESIGNATED CLASSES:**

OPEN Rating 5 or 6

AMATEUR Rating 3 or 4

NOVICE Rating 1 or 2

GREEN NOVICE DRAWPOT: To enter you must 1) not have more than one-year experience at penning &/or sorting, 2) not have earned more than \$200 as of the beginning of the current penning year, 3) 3-ride limit, and 4) 75-second time-limit. Rating committee will observe riders to make sure there isn't an over-qualified person riding in the class. No awards during the penning year, but the top point earner will receive a year-end award. 4) Three ride limit.

YOUTH.16-years of age or under, as of January 1st of current year, and not rated more than a 2. (Not the same age break as for the Family Membership.)

Mail to: YVTPC, P O BOX 3091, UNION GAP, WA 98903

***** (Include WAIVER, plus new members should include a SELF-RATING form.) *****

**WAIVER AND RELEASE OF ALL CLAIMS
AGAINST THE YAKIMA VALLEY TEAM PENNING CLUB**

Waiver for the Family Unit of: _____ (**&**) _____
(YEAR) (Last Name) (2nd Last Name for co-joined families)

I/We, the undersigned, do hereby state that in consideration for the privilege of competing and/or allowing my/our children to compete in any and all Team Pennings during the _____ season sponsored by the YAKIMA VALLEY TEAM PENNING CLUB (YVTPC), I/We knowingly acknowledge that I/We am/are mindful of the inherent risks and unpredictability involved in the sport of Team Penning, riding horses and cattle. I/We hereby represent the following:

A. EXPERIENCE AND ABILITIES OF RIDER(S), ASSUMPTION OF RISK:

1. That I/we am/are an experienced horse rider(s) and specifically represent that the horse(s) I/we will ride in all YVTPC events during this season is/are trained and can handle the stress of chasing wild cattle in a closed arena at a rapid pace. In the event this WAIVER AND RELEASE OF CLAIMS is signed by me/us on behalf of my/our minor children, I/we make same representation on behalf of my/our children and the horse(s) they will be riding in all YVTPC competition during this penning season based on first hand knowledge:
2. That I/we and the horse(s) I/we am/are riding during all YVTPC competitions have team penned a minimum of five (5) times, or have the equivalent experience such as roping, cutting, cattle ranch work and/or working cow horse competitions and am comfortable with both my/our and my/our horse's abilities to team pen safely. In the event this WAIVER AND RELEASE OF CLAIMS is signed on behalf of my/our minor children, I/we represent that my/our children and the horses they will ride in all YVTPC competitions during this penning season have penned a minimum of ten (10) times, or have the equivalent experience as set forth above;
3. That the YVTPC has the right to rely on the above representations in determining whether I/we can participate in any YVTPC competition during this penning season; AND
4. That I/we knowingly and fully assume all risks, on my/our behalf and on the behalf of my/our children whom I/we consent to participate in any and all YVTPC competitions during the penning season involved with the sport of Team Penning, to include but not limited to serious bodily injury and death.

B. WAIVER AND RELEASE OF CLAIMS:

1. Based on the above representations, I/we am/are mindful that YVTPC may allow me and/or my children to compete in any and all YVTPC competitions during the penning season. As consideration for being allowed to compete in any or all YVTPC pennings during this penning season, I/we knowingly hereby WAIVE and RELEASE any and all claims, including but not limited to any claims based upon NEGLIGENCE AND NEGLIGENCES, that I/we and my/our children, our executors, heirs, administrators, family members and assigns may have against the YVTPC, its officers, agents, members, volunteers and the Stock-Contractor and/or promoter (hereinafter "RELEASEES"). This includes but is not limited to any and all claims for damages, INCLUDING BUT NOT LIMITED TO DEATH AND SERIOUS BODILY INJURY, to me/us or my/our children, caused by the NEGLIGENCE OR GROSS NEGLIGENCE of any of the above-named RELEASEES arising out of my/our and/or my/our children's participation in any and all YVTPC competitions during this penning season and related activities, together with any cost, including legal fees, that may be incurred as a result of any such claims whether valid or not:
2. I hereby INDEMNIFY, HOLD HARMLESS and RELEASE each of the above RELEASEES against any and all claims that I/we, my/our children or any one or more of my executors, heirs, next of kin, administrators, successors and/or assigns may have or assert against the YVTPC, its agents, members and officers and against any cost and attorneys fees associated herewith. This applies to any and all claims resulting from this YVTPC penning season.

C. OPTIONS / REQUIREMENT FOR RIDING HELMETS.

(Every participant/member must select either Option 1 or 2. Parents of minors MUST sign Option 3.)

1. I/We am/are mindful and have been advised that the Board of Directors of the YVTPC strongly recommends that all participants, adults and minors, wear equestrian safety helmets during the competitions. I/We have been advised and am mindful that this recommendation by the YVTPC Board of Directors is based on their concern

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for the personal safety of the participants and to minimize the possibility of serious injury and/or death. By checking the box below, I/we am/are hereby deciding to not wear a helmet even though it has been recommended for my/our own safety. By refusing to wear a riding helmet, I/we am/are mindful of the fact that the inherent risk of serious injury and/or death is increased by not wearing this safety feature. I/We voluntarily am/are making this decision knowing full well of the increased risks involved and am/are in no way making this decision under duress, threats or any other influence from the YVTPC or its Board of Directors.

Competitor (1): I REFUSE to wear a riding helmet. (Initial):

Competitor (2): I REFUSE to wear a riding helmet. (Initial):

2. Having been fully advised that the recommendation of the YVTPC Board of Directors is that I wear an equestrian riding helmet for my own protection and to minimize the risk of serious injury and/or death, I agree that I shall wear an equestrian riding helmet and will provide the extra protection necessary.

Competitor (1): I agree I WILL wear an equestrian riding helmet at all competitions. (Initial):

Competitor (2): I agree I WILL wear an equestrian riding helmet at all competitions. (Initial):

3. As the parent of the **MINOR CHILD/CHILDREN** _____,
_____ and _____,
on whose behalf I am signing the RELEASE AND WAIVER OF CLAIMS so that he/she can participate in YVTPC competitions, he/she having been instructed and am mindful of the fact that the **YVTPC REQUIRES that all participants competing in YVTPC competitions under the age of 13 must wear an equestrian safety helmet.** As the parent of the minor child/children, (*listed above*), I agree that I will not let my child participate in these events without wearing such a helmet. I will provide my child with a sufficient helmet to my satisfaction that will provide the protection necessary.

(Signature of Parent/Guardian)

(Signature of Parent/Guardian)

4. Or if I do not have an equestrian helmet for my child, I agree that I will use one of the safety helmets provided by the YVTPC.

NO PARTICIPANT UNDER THE AGE OF 13 SHALL BE ALLOWED TO PRACTICE OR PARTICIPATE IN ANY YVTPC COMPETITION UNLESS WEARING A RIDING HELMET.

I/WE ACKNOWLEDGE I/WE HAVE READ AND UNDERSTAND THE CONTENTS AND IMPLICATIONS OF THIS DOCUMENT and by affixing my/our signature(s) below. I/We hereby state under penalty of perjury of the laws of the State of Washington, that the representations made by me/us in this document are true and correct; that the YVTPC will rely on my/our representations contained herein and that I/We sign this WAIVER AND RELEASE OF CLAIMS of my/our own free will and without threats, promises or coercion. I/We also state that I/we have read the YVTPC Team Penning Rules and agree to abide by them.

DATED THIS _____ DAY OF _____, 20____.

(1) _____
COMPETITOR'S NAME (Print)

SIGNATURE

(2) _____
COMPETITOR'S NAME (Print)

SIGNATURE

(3) _____
YOUTH'S NAME (Print)

PARENT'S SIGNATURE for YOUTH

(4) _____
YOUTH'S NAME (Print)

PARENT'S SIGNATURE for YOUTH