



# Lompoc Valley Riders

## 2008 MEMBERSHIP APPLICATION

The Lompoc Valley Riders are a group of horse enthusiasts who seek to promote horsemanship and provide individual and group recreation as well education and a format for all those who appreciate horses.

### The Club Sponsors:

- \* Trail Rides
- \* Family Camping Trips
- \* Playdays
- \* Newsletter providing information on local equestrian events
- \* Potlucks
- \* Poker Rides
- \* Discounted entries to LVR events

\* FUN, FUN, FUN!

Mail this form along with your signed Waiver & Release of Liability and a check made out to LVR to LVR, PO BOX 46, LOMPOC, CA 93438. For more information call Elly Robb, LVR Secretary, at (805) 733-4040.

LVR MEMBERSHIP: RENEWAL \_\_\_\_\_ NEW \_\_\_\_\_

New membership referred by: \_\_\_\_\_

### Membership Dues:

- Family - \$30.00
- Individual Adult - \$25.00
- Junior - \$15.00 (NOTE: Juniors 12 and under MUST join with a parent/guardian)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If this is a family membership, list all members and ages of those under 18. Ages are to be as of 1-1-08. Insurance requires that minors under the age of 18 **MUST** wear ASTM approved Equestrian Safety Helmets to participate in LVR events.

Name \_\_\_\_\_ (age) \_\_\_\_\_ Name \_\_\_\_\_ (age) \_\_\_\_\_

Name \_\_\_\_\_ (age) \_\_\_\_\_ Name \_\_\_\_\_ (age) \_\_\_\_\_

Name \_\_\_\_\_ (age) \_\_\_\_\_ Name \_\_\_\_\_ (age) \_\_\_\_\_

Name \_\_\_\_\_ (age) \_\_\_\_\_ Name \_\_\_\_\_ (age) \_\_\_\_\_

Fill out and sign Waiver & Release of Liability on next page → → →

**LOMPOC VALLEY RIDERS, Inc.**  
**P. O. 46**  
**LOMPOC, CA 93438**

**WAIVER & RELEASE OF LIABILITY**

**EACH PERSON MUST SIGN THE RELEASE FORM: PARENT/GUARDIAN MUST SIGN FOR MINOR**

**I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, my horse, and property. I knowingly assume all risks, whether known or unknown, of horseback riding.**

I hereby release the Lompoc Valley Riders, hereinafter referred to as ("LVR") from all liability for any act of negligence or want of ordinary care on the part of the LVR and/or any of its agents.

In consideration of my participation in events organized or sponsored by LVR, I waive, release, and discharge LVR, their directors, officers, agents, and members, their representatives, heirs, executors, and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. This agreement is binding upon my executors, heirs, and assigns.

I expressly waive any rights I may have under California Civil Code 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 might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless LVR, their officers, directors, members, and agents against all claims, demands, and causes of action, including court costs, and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

LVR, its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse, or property

**I acknowledge that I must be financially responsible for having my own accident insurance to cover the inherent risks of injury to myself or my horse or any damages to my property that is associated with horseback riding and related activities.**

**I acknowledge that I have read this Release of Liability and know and understand its contents.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\*\*\*

**PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION  
MINORS DO NOT SIGN THIS FORM**

**Minor's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Date** \_\_\_\_\_

**Minor's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Date** \_\_\_\_\_

**Insurance requires that minors under the age of 18 MUST wear ASTM approved Equestrian Safety Helmets to participate in LVR events.**

I, the undersigned parent or guardian of the above participant in consideration of my minor's participation in the event, agree to the terms and conditions of this **Release of Liability** and know and understand its contents. And these shall be binding as to injury or damage to my minor and his/her animals and property arising out of his/her participation in LVR events.

I acknowledge that I have read this **Release of Liability** and know and understand its contents.

**PARENT/GUARDIAN:** \_\_\_\_\_ **PHONE** (    ) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_