

MIDWEST SADDLE & BRIDLE ASSOCIATION INC.

2024 MEMBERSHIP FORM

Club Membership Runs from January 1st – Dec 31st

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Turn in at any club event or please mail to: Tab Somers – 9302 W 125 S Laporte, IN 46350

Checks made payable to: Midwest Saddle & Bridle Association, Inc.

Single Membership \$25.00

Family Membership \$40.00

Release of Liability

MIDWEST SADDLE & BRIDLE ASSOCIATION INC.

I, the undersigned, on my own behalf, and if applicable, on behalf of my minor participant(s) as their parent/legal guardian, wish to participate in the Midwest Saddle & Bridle Association Inc. (“Midwest”) events and/or use the Midwest facility. I understand that during portions of these events and/or the use of the facility, I will be in close proximity to horses and/or livestock, which may expose me to some risk (including injury, death, loss and/or property damage) because of the nature of horses, livestock, the facility, and/or the activities in which I will be engaged.

In consideration of Midwest allowing my participation in these events and/or the use of the facility, I, on behalf of myself, and my heirs, administrators, personal representatives, successors, assigns, agents, relatives, children, and spouse, if any, do hereby agree to indemnify, defend, hold harmless, release and forever discharge Midwest including its members, employees, volunteers, agents, clinicians, officers, directors, agents, representatives, affiliates and/or insurers for any illness, injury, death, damage or other loss (“Loss”) incurred by me or my minor participant. I shall not bring any claims, demands, legal actions, or causes of action against Midwest for any Loss arising out of my participation in these events and/or use of the facility. I understand and confirm that by signing this release, I am giving up considerable future legal rights. This release is entered into freely, voluntarily, under no duress or threat of duress, without inducement, promise, or guarantee. I agree that I am at least 18 years old, and/or the parent/legal guardian of my minor participant, and mentally competent to enter into this release

UNDER INDIANA LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.



Signature: _____ Date: _____

Under 18 years of age – Parent or Guardian Signature Required