

**LEWIS-CLARK SADDLE CLUB
P.O. BOX 83
CLARKSTON, WA 99403
ARTICLE XI
FORMS RELEASE**

I (We) _____, hereby release the Lewis-Clark Saddle Club, Incorporated, a State of Washington, Non-profit Membership Corporation, from all responsibility and /or liability for any personal injury sustained by me (us) or damage to my (our) property, while I (we) participate in activities or any of its appurtenances. In such event, it is understood and agreed and that I (we) will hold the aforesaid membership corporation harmless, for my (our) heirs and assigns forever. I (we) hereby release said corporation from all responsibility and liability.

This is to certify that I (we) have read and fully understand the above imprinted excerpt of Article XII of the Constitution and By-laws of the **LEWIS-CLARK SADDLE CLUB**.

Dated: _____

Signature of Adult Applicant (over 19 yrs)
OR SPONSOR OF MINOR

Signature of Adult Applicant (over 19 yrs)
OR PARENT OF SPONSORED MINOR

Address: _____

Emergency Phone Number: _____

Phone Number: _____

Email _____
Newsletter: _____

MEMBERSHIP APPLICATION

Please provide Names & Birthdates of ALL applicants (adult birthdates required for Idaho State and National O-Mok-See participation). PLEASE PRINT!!!

APPLICANTS

SPONSORED CHILD'S ADDRESS & PHONE #

PARTICIPATING MEMBER FEES:

ONE ADULT: \$20.00
CHILD: \$ 7.50
FAMILY: \$35.00

NON-PARTICIPATING MEMBER FEES:

ONE ADULT: \$35.00
CHILD: \$ 7.50
FAMILY: \$50.00

APP 11-06-07

Office Use Only