



2010 MEMBERSHIP

Last Name _____ First Name _____

Spouse _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address: _____

Mailing Address: _____

City _____ State _____ Zip _____

Do you wish to receive your Appleatchee Newsletters or correspondence via E-Mail?
Please circle one..... YES NO

Child	Birth Date	Child	Birth Date
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_____	_____	_____	_____
_____	_____	_____	_____

LIABILITY RELEASE AND INDEMNIFICATION

I hereby acknowledge and certify that wherever horses or cattle are present or in use there is the potential for accidents which can result in injuries to or the death of other horses, cattle, riders, participant's guests and spectators.

As part of the consideration for access to property owned by Appleatchee Riders Association (the "Association") and/or participation in activities sponsored by the Association, including the boarding of animals on property owned by the Association, I do hereby voluntarily assume all risks and danger or injury, harm, loss or damage to my person or my property, including my horse and I do hereby release, hold harmless, indemnify the Association, its directors, officers, employees and agents, from and against any and all loss, injury, expense, damage, claim, legal action, judgments, penalties, fines, settlements, and reasonable expenses, including attorney's fees, actually incurred by the Association and its directors, officers, employees and agents, arising out of or related to the use of the grounds, stables, and other property owned by the Association, by me, my animals, my spouse, my children, any minors for whom I act as a defacto or legal guardian, my guests, or their animals. Non-members are not permitted on Appleatchee grounds except as a guest of Appleatchee Riders for one time and only in the direct, immediate company of a member.

I, the undersigned, recognize the dangers inherent with horseback riding and related equestrian activities. I am assuming the hazard of this risk upon myself, since I wish to ride, and/or handle horses. I realize that I am subject to injury from these activities and that no form of pre-planning can remove all the danger to which I am exposing myself to. I acknowledge that Appleatchee is strongly recommending wearing a protective, ASTM certified riding helmet at all times when handling or riding while on Appleatchee grounds and or property. I also acknowledge that the helmet could prevent permanent brain damage or death in the event of an accident. **If I refuse to wear a helmet, and by going against Appleatchee's recommendations, I hereby acknowledge that Appleatchee will not be held liable or responsible for any accident or injury to person, property or horse.**
(continued on the back)

I, the undersigned, am the duly authorized parent or guardian of the minor child, who is listed above. I have read and understand the above, and am aware of the risks and hazards inherent with horseback riding and related equestrian activities. I realize that wearing a protective, ASTM certified riding helmet may prevent permanent brain damage and/ or death in the event of an accident. I understand that the use of a protective, ASTM certified riding helmet is required by Appleatchee Riders Association, and The Travelers Insurance Company. I agree, I will not allow any minor child on behalf of whom I am signing for, to ride or handle a horse without a protective, ASTM certified helmet.

PLEASE SIGN ONE:

I will wear a helmet at all times while riding and related activities: _____

(Or)

I am declining Appleatchee's recommendation for protective helmet: _____

**FAMILY MEMBERSHIP \$367.50
INDIVIDUAL MEMBERSHIP \$262.50**

Please note, for annual payment the full amount is due January 1st. If paying semi-annually the first half is due January 1st with the balance amount due July 1st. A late fee of 20% of annual dues and/or semi dues will be assessed if not paid in full by the first day of the month following the due date. Any member who fails to pay any dues within 30 days after the due date shall be suspended from the privileges of membership and any portion of the full annual dues amount remaining unpaid shall be then due. If any dues payment is not made within 60 days after the date due, the membership will be terminated and the member will have to apply for readmission as a new member and be approved and pay the then applicable initiation fees.

2010 Individual membership dues are:

- \$262.50 per year; or
 \$131.25 semi-annual (January 1st & July 1st)

2010 Family membership dues are:

- \$367.50 per year; or
 \$183.75 semi-annual (January 1st & July 1st)

I understand this is an annual agreement, and therefore by signing agree I am responsible to pay the full annual dues amount regardless of my payment schedule. I further understand and agree that in the event legal action is commenced to collect amounts I owe to Appleatchee Riders Association, I will be liable for any collection related expenses that may be incurred, including reasonable attorney fees and costs.

This agreement is binding on me, as well as my heirs, assigns, personal representative and successors. I have fully read and understand this release of all liability and annual payment agreement. I sign it as my voluntary act with full understanding of its effect.

Signed _____ Date _____

Signed _____ Date _____

(509)-663-3175

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