



***RIO GRANDE MULE & DONKEY ASSOCIATION
APPLICATION FOR MEMBERSHIP
2010***

Name (s) _____

Mailing Address _____

City / State / Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Membership Type

Household \$25.00 / Yr

Corporate / Sponsor \$50.00 / Yr

The business cards of corporate members will be published in the newsletter

Send check to: **Rio Grande Mule and Donkey Association
PO Box 1677
Belen, NM 87002-1677**

All members must sign the Liability Waiver on the reverse side of this form annually.

**Rio Grande Mule and Donkey Association
Hold Harmless Agreement, All 2010 Events**

To be completed annually and submitted with membership application

Name (s) _____

Address _____ City _____ State _____ Zip _____

Telephone: Home _____ Business _____

Type of membership: Household Corporate

Please Read Carefully Before Signing!

Event Sponsors and Club Administrators Do Not Assure Your Safety.

Please Initial (a parent or legal guardian must initial if the participant is under the age of 18).

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

Initial (s)

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

Initial (s)

I acknowledge that I, the Parent or Legal Guardian of minor participants, should purchase ASTM- standard/ SEI certified equestrian helmets for minor participants, and require them to be worn when participating in RGMDA sponsored equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants' head injuries in the event of a fall or other related accident.

Initial (s)

I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my horse at this show, activity and/or event.

Initial (s)

I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.

Name of Participant (Please print) (Spouses must sign for themselves)	Signature of Participant	Date
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Name of Participant (Please print) (Spouses must sign for themselves)	Signature of Participant	Date
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Name of Parent/Guardian (Please print) (Please print)	Signature of Parent/Guardian	Date
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