



## Membership Riding Release and Waiver of Liability

### Colorado Equine Activity Liability Act

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

The undersigned rider \_\_\_\_\_ and the undersigned, as parents/guardians of said rider, understanding the inherent risks of equine activities, hereby release Westernaires Inc., a Colorado non-profit corporation, as well as its individual members, instructors, officers, and owners of the premises used for Club activities, from any responsibility for accidents or damages resulting from the activities, including ordinary negligence of its members, instructors, volunteers, or their mounts during the normal course of the Westernaires' program, either in training or show activity.

\_\_\_\_\_  
Rider (please print)

\_\_\_\_\_  
Rider Signature

\_\_\_\_\_  
Parent/Guardian #1 (please print)

\_\_\_\_\_  
Parent/Guardian #1 Signature

Occupation: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian #2 (please print)

\_\_\_\_\_  
Parent/Guardian #2 Signature

Occupation: \_\_\_\_\_

Date: \_\_\_\_\_



## Westernaires Rider Info Sheet

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

YEAR OF ENTRY INTO WESTERNAIRES \_\_\_\_\_

YEAR OF GRADUATION FROM HIGH SCHOOL \_\_\_\_\_

RENTER

OWNER

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

GRADE \_\_\_\_\_

BASE TEAM \_\_\_\_\_

List all CURRENT Westernaires activities (Please indicate the Division and team number, e.g. "Blue Liberty 2")

_____	_____
_____	_____
_____	_____
_____	_____

E-MAIL ADDRESS 1 \_\_\_\_\_

E-MAIL ADDRESS 2 \_\_\_\_\_



## Rider Medical Information Form

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

Birthdate: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mother's Phone Number(s): \_\_\_\_\_

Father's Phone Number(s): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

List any prescriptions taken by rider, including dosage and frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all known allergies: \_\_\_\_\_

\_\_\_\_\_

In case of our inability to contact you, this provides the Westernaires adult volunteer in charge the authority to act as your agent and to proceed as their judgment indicates:

Parent / Guardian: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## Picture Release

Whereas \_\_\_\_\_ (“Rider”) has sought the benefit of Westernaires training, and

Whereas Rider will frequently have opportunities to appear in public performances as a rider, entertainer, model, or in other capacities, and

Whereas Rider may be featured in shows, on television, in motion pictures, or in other public media participating as a Westernaire;

NOW, THEREFORE, in consideration of the training provided, and to be provided, and in further consideration of the opportunity to fully participate in Westernaire programs for the Rider, I \_\_\_\_\_, as Parent or Guardian of Rider do hereby grant permission to Westernaires Inc., directors, officers, agents, and volunteers to use photographs, video recordings, films, and other reproduction of the likeness of Rider for the purposes of Westernaire promotion or advancement. I further release and relinquish any and all rights or interests in such films, pictures, or reproductions now or at any time hereafter and agree to their use in Westernaires sole discretion.

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

Relationship to Rider: \_\_\_\_\_

Date: \_\_\_\_\_



## Rental of Costumes and Equipment Owned by the Westernaires

### General:

The Rider and Parent/Guardian (“Parent”), upon entering any show team or act using Club costumes, will be required to sign this agreement. The Club will retain the master file of signed forms. This signed form will serve as an agreement for all future transactions of this nature and will avoid new signatures with each transaction.

### Rental of Costumes and Equipment:

It is understood and agreed that the costumes and equipment owned by the Westernaires will be used by the Rider only after paying a nominal rent each year. This annual rent entitles the Rider to use said costumes and equipment in prescribed Westernaire activities from January of one year until January of the next year. The Rider agrees to take adequate care of the costumes and equipment. Any costume or equipment lost or damaged by carelessness requires that the Rider promptly repay the current replacement cost or repair cost.

If the Rider leaves the team or Club for any reason, any costumes or equipment owned by the Club and in the possession of the Rider must be returned promptly to the Monitor, both clean and in good condition.

Rents are set on a minimum basis and will not be prorated. In cases where a team rider advances to a new team in less than three (3) months, the rent will be prorated to that of the new team.

The Club agrees to provide a serviceable costume. Riders are required to use Club equipment and costumes in order to maintain a uniform appearance.

A Rider who fails to pay the required costume rent will be removed from the teams involved.

The signature of the Rider and Parent below constitutes agreement with this policy and acceptance of the agreement.

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Rider (please print)

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Rider Signature

Date: \_\_\_\_\_

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Parent/Guardian (please print)

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Parent/Guardian Signature

Date: \_\_\_\_\_