VALLEY PENNING ASSOCIATION P O BOX 396 SANTA YNEZ, CA 93460

MEMBERSHIP RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT FOR THE YEAR: 2024

Each regular member and each junior member must have a waiver on file to participate or compete.

Please print legibly to allow us to keep current/accurate records.

REQUIRED:	
Name	Preferred Phone
Street / P O Box	Alternative Phone
City & Zip	Email Current VPA Division Rating (Open, Ltd or Nov)
New \$100	Desired Rating
Junior \$5 Juni	r Members (10-16 on Jan 1st of current year) DOB:
family member(s) in this environments a hazardous situation a sorting and other equine activities.	paragraph below: that horses and livestock are unpredictable and dangerous. I realize that placing myself or my ment, upon the Property which the event will take place, either as a participant or a spectator, and a risk of injury to person and property. I understand that participation in team penning, team es are particularly dangerous, and that serious injury or death of riders or horses is possible. I a be injured from time to time. (initials)
I realize that professional instruor riding horses or ponies. (init	ction cannot prevent serious injury or death to people or horses while working around, handling als)
spectator at this event, I agree t	to participate, ride, handle horses, receive instruction, engage in equestrian activities and/or be release Valley Penning Association, the operators of this event, their employees, agents and ponsibility to myself or my property, for accident, damage, injury or illness to person or property
	ow catastrophic, or the cause, for the unavoidable risks inherent in all equestrian (and ch risk shall include but not be limited to bodily injury, physical harm or death to person or
operators of this event, their er court costs and attorney's fees whatsoever whether known or general release does not exten	hold harmless Valley Penning Association, the owners and leasees of the Property and the ployees, agents and assignees, against all claims, demands and causes of action (which includ prosecuted for my benefit. I agree that this release extends to all claims of every kind and natunknown and expressly waive any benefits of California Civil Code Section 1542 which states: "At to claims which the creditor does not know or suspect to exist in his favor at the time of execunim, must have materially affected his settlement with the debtor. (initials)
emergency first aid treatment f	operators of this event, their employees, agents and assignees have my permission to initiate r myself and my children in the event such treatment is considered reasonable, such their sole discretion. (initials)
OF LIABILITY AND A CONTRAC	AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE BETWEEN VALLEY PENNING ASSOCIATION AND MYSELF, THE OPERATORS OF THESE EVEN'ID ASSIGNEES AND I SIGN IT OF MY OWN FREE WILL.
Date:	Member's Signature:
Junior Members (10-16 on Jan	st of current year) DOB: Parent or guardian please complete below.
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