



Southern Oregon Horse and Carriage Club

P. O. Box 7584
Klamath Falls, Oregon 97602

2022 Membership Application

The Southern Oregon Horse and Carriage Club is a group of carriage driving enthusiasts. Members enjoy participating in a wide variety of year-round fun activities involving all equine types. Meetings and activities are scheduled monthly via electronic access and/or on site.

Check Membership: ___ Individual \$25 ___ Family \$35 ___ Newsletter only \$15

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____
(area code) (number)

Please list any children and their ages in a Family Membership: _____

Member Names and Birthday Months (optional): _____

Please deliver the club newsletter by: ___ Email ___ Mail

Signature of adult: _____

Make checks out to: SOHACC

Mail forms and payment to:

**Kerry Davis
915 Pencil Road
Alturas. CA 96101**

SOUTHERN OREGON HORSE and CARRIAGE CLUB

**WAIVER OF LIABILITY FORM IN CONFORMANCE TO REQUIREMENTS OF OREGON
HORSEMAN'S LIABILITY ACT O.R.S. # 30.687 - 697**

I THE UNDERSIGNED recognize that there is the inherent risk of injury or death in any equine activity including but not limited to riding, driving, as a passenger in any horse-drawn vehicle, as a competitor in any equine activity or event or as a helper, groom or any other assistant in any equine activity. THEREFORE: in accordance with the Oregon Horseman's Liability Act O. R. S. #30.687 - 697:

I/We, the undersigned by acknowledging the inherent risks involved in any equine activity agree to fully assume those risks for myself and/or my minor children. I release and hold harmless any and all equine facilities, horse owners and their agents and employees, equine clubs or organizations, corporations or sponsors of equine events who could be held liable to me or my heirs or assigns for damages. I/we agree to adhere to all the rules and procedures provided by the Southern Oregon Horse and Carriage Club by-laws and personnel. FURTHERMORE: Acknowledging risks inherent to equine activity I certify that I and my family, including any minor children, are physically capable and competent in participating in equine activities.

I/We fully understand that the provider of horses for equine activity, equine professionals, event sponsors and clubs, ranch or equine facility proprietors reserve the right at their sole discretion to refuse service or participation in equine activity to any person(s) who he/she judges to be incapable or incompetent to participate in equine activity..

I/We have read, understand and accept the terms and conditions stated herein and acknowledge that this Waiver of Liability Agreement becomes immediately effective and binding upon the signatory and any of the minor children listed in this Waiver of Liability Form.

List names and ages of minor children participating in equine activity:

_____ age _____

_____ age _____

_____ age _____

Signed: _____ Date: _____
Adult/family member/parent or guardian

Signed: _____ Date: _____
Adult/family member/parent or guardian