

# Southern Oregon Horse and Carriage Club

## **Membership Application**

P O Box 7584

Klamath Falls, Oregon 97602

President:	Kelly Baker	541-810-1778	<a href="mailto:klmove@klamathmoving.com">klmove@klamathmoving.com</a>
Vice President:	Bill Trento	541-591-5771	<a href="mailto:bill@trentofarm.com">bill@trentofarm.com</a>
Secretary:	Veralyn Harelson	541-880-3969	<a href="mailto:Sohacc.secretary@gmail.com">Sohacc.secretary@gmail.com</a>
Treasurer:	Joycelyn Michel	541-545-1009	<a href="mailto:1spunkywoman@gmail.com">1spunkywoman@gmail.com</a>

The Southern Oregon Horse and Carriage Club was organized by a group of carriage driving and horseback riding enthusiasts. We enjoy participating in a wide variety of year round fun activities involving all equine types, including riders. Regular meetings are held monthly in Klamath Falls. We welcome YOU and your critters!

### **Our Annual Membership Fee includes:**

Family . . . . \$35, Individual . . . . \$25, Newsletter only . . . . \$15

Meetings are held every third (3<sup>rd</sup>) Tuesday at 6:30 p.m. at Sizzlers on South 6<sup>th</sup> Street in Klamath Falls. There's a social hour and no host dinner at 5:30 p.m. and our meeting begins at 6:30 p.m.

Name(s): \_\_\_\_\_

Children: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Member(s) Name and Birthdate (Month/Day)** \_\_\_\_\_

\_\_\_\_\_

Please indicate if you would like to receive your Newsletter by mail \_\_\_\_\_ or e-mail \_\_\_\_\_

Please check the membership options that apply:

Family \_\_\_\_\_ Individual \_\_\_\_\_ Newsletter only \_\_\_\_\_

Signature of an adult \_\_\_\_\_ Date: \_\_\_\_\_

**We appreciate your interest, please make your check payable to "Southern Oregon Horse and Carriage Club" (SOHACC) and mail your application and payment to Joycelyn Michel, 4725 Blue Heron Dr., Bonanza, OR 97623**

**SOUTHERN OREGON HORSE and CARRIAGE CLUB**

**P O Box 7584**

**Klamath Falls, Oregon 97602**

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**WAIVER OF LIABILITY FORM**

IN CONFORMANCE TO REQUIREMENTS OF *OREGON HORSEMAN'S LIABILITY ACT*

O. R. S. § 30.687 – 697

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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 my self 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 bi-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