



2019 Ladies Trail Ride Application

Name _____ Phone: (Work) _____ (Home) _____

Address _____ City _____ ST _____ Zip _____

E-mail address _____

I am eligible for my: 5 year pin 10 year pin 15 year pin 20 year pin 25 year pin

Women's Jacket Size - **Circle One:** XS S M L XL 2XL 3XL 4XL

***Note: You can try on jackets in Foundation office. M-F, 8am - 5pm. Size marked will be size given. If no size is marked you will be given a Large. No extra jacket order will be placed after ride.

Amt Due	Cost	Item
	\$500	Rider Fee (if paid by 4/1/19) (tax deductible amt = \$215)
	\$100	Deposit - balance due by 4/1/19 or reservation and \$ is forfeit
	\$40	Build A Bar raffle tickets (5)
	\$250	Buckle Sponsor (tax deductible amt = \$250)
	\$25	Bingo card(s) - each \$25
		Sponsorship - other
	TOTAL	

Credit Card# _____ Exp. Date _____

CSC # (back of card): _____

*Charge will appear as Salinas Valley Memorial Hospital Foundation

Availability is limited, on a first come first serve basis. First 200 to register.

Cancellation Policy: Prior to April 1, 2019, your balance will be refunded minus a \$50 processing fee. After April 1, 2019 there is no refund. If balance due after deposit is not paid by April 1 you forfeit your spot on the ride and your deposit.

AGREEMENT AND RELEASE FROM LIABILITY

1. Voluntary Participation.

I, _____ acknowledge that I have voluntarily applied to participate in Women's Annual Trail Ride, which includes horseback riding on guided trails and amateur cowgirl competitions (collectively the "Trail Ride"). The Trail Ride will take place on the Fox Creek Ranch.

2. Assumption of Risk.

- I AM AWARE THAT HORSEBACK RIDING AND RELATED RIDING EVENTS ARE ALL HAZARDOUS ACTIVITIES.
- I ACKNOWLEDGE THE INHERENT RISK INVOLVED IN MY PARTICIPATION IN THE TRAIL RIDE WHICH INCLUDES, BUT IS NOT LIMITED TO, THE RISK OF BEING KICKED BY OR STEPPED ON BY A HORSE OR LIVE STOCK; THROWN FROM OR BITTEN BY A HORSE OR LIVE STOCK; OR INJURED ACCIDENTALLY BY ANOTHER RIDER. I AM FULLY AWARE THAT ANY OF THE ABOVE CAN RESULT IN MY DEATH, PARALYSIS OR SERIOUS PERMANENT INJURY.

- I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS BELOW:

Dated: _____ Participant's Initials: _____

3. Release.

As consideration for being permitted by Salinas Valley Memorial Hospital Foundation ("Foundation"), to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, and legal representatives will not make a claim against, sue, or attach the property of Foundation, SVMHS, Fox Creek Ranch owners and agents. Trail Ride sponsors, other participants, owners of horses, volunteers and all other individuals or entities associated with the event, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Foundation, SVMHS, Fox Creek Ranch owners and agents, Fox Creek Fund, LLC and their respective agents, employees, members, sponsors, promoters and affiliates, and Florian Barth, Lori Barth, Rian Barth and Pat Abercrombie, Trail Ride sponsors, other participants, owners of horses, volunteers and all other individuals or entities associated with the event, as a result of my participation in the Trail Ride. I hereby release Foundation, SVMHS, Fox Creek Ranch owners and agents, Fox Creek Fund, LLC and their respective agents, employees, members, sponsors, promoters and affiliates, and Florian Barth, Lori Barth, Rian Barth and Pat Abercrombie, Trail Ride sponsors, other participants, owners of horses, volunteers and all other individuals or entities associated with the event from all actions, claims, or demands that I, my assignees, heirs, distributees, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Trail Ride, and verify this statement by placing my initials below:

Dated: _____ Participant's Initials: _____

4. The Foundation Reserves the Right to Demand Participants to Leave.

Participant, volunteer and animal safety are the Foundations highest priority. All Foundation events must harmonize with the mission, values and reputation of the Foundation. Any behavior or action on the part of a Trail Ride Participant found to be disruptive, lewd, or dangerous to the participant or others, or which may reflect adversely on the Foundation or SVMHS shall constitute grounds for the Foundation demanding that the Participant immediately leave the Ranch and forfeit any participation fees paid.

5. Use of Likeness.

The undersigned hereby consents to the use of her likeness or other identifying characteristics or the use of likeness or other identifying characteristics of any horse owned or ridden by the undersigned, by the Foundation, SVMHS, Fox Creek Ranch owners and agents, Fox Creek Fund, LLC and their respective agents, employees, members, sponsors, promoters and affiliates, and Florian Barth, Lori Barth, Rian Barth and Pat Abercrombie, Trail Ride sponsors, other participants, owners of horses, volunteers and all other individuals or entities associated with the event, for any purpose.

6. Knowing and Voluntary Execution.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND FOUNDATION AND I SIGN IT OF MY OWN FREE WILL.

Dated: _____ By: _____ By: _____
 Signature of Participant Printed Name of Participant

Note: Participants must be 21 years of age or older to participate.