

**2017 Youth Horse Club of the Hill Country, Inc.
Membership Application—Family Membership \$20/year**

Today's Date: _____

Youth Member's Name: _____ / _____

Date of Birth: _____ Age as of January 1: _____

Address: _____ City _____ State _____ Zip Code _____

Adult Member's Name: _____

Home Telephone: _____ Work Telephone: _____ Add'l Phone: _____

E-Mail Address: _____

We have received, read and agree to abide by the Rules and Regulations of the YHCHC.

Parent/Legal Guardian Signature: _____

YHCHC Director Signature: _____

WAIVER AND RELEASE FROM LIABILITY

*Under Texas law, Chapter 87, Civil Practice and Remedies Code, an equine professional IS NOT LIABLE
For any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

Member's Name: _____ / _____

In consideration of being permitted to enter the Kendall County Youth Agriculture & Equestrian Center, (herein "KCYAEC Property") for the purpose of participating in any and all Youth Horse Club of the Hill Country rodeos, as an active participant, adult volunteer or as a spectator, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE KCYAEC Inc., Kendall County 4-H Horse Club, Kendall County Jr. Livestock, Inc., Kendall County, and the Youth Horse Club of the Hill Country, their officers, directors, agents employees and/or volunteer workers, (herein referred to as "Releases"), and further hereby agree to indemnify Releases from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned is in or upon the KCYAEC Property.

Initials: _____ **Parent** _____ **Parent**

MEDICAL RELEASE FORM

I/We, the parent(s) or legal guardian(s) of the above-named contestant, a participant in the YHCHC, do understand that insurance coverage for accidental injury or illness will not be provided for said participant by the YHCHC or any of the sponsoring organizations, and I/we agree that I/we will be responsible for any medical expenses that might be incurred.

Initials: _____ **Parent** _____ **Parent**

AUTHORIZATION FOR MEDICAL CARE

This authorization is for the above-named contestant, (a minor) during his/her participation relative to the Youth Horse Club of the Hill Country, Inc. competition during 2017 rodeo series and/or practices. In case of sudden illness or accident to the above named person requiring immediate treatment or surgery, while attending as a participant, I/we authorize concerned YHCHC leader(s) (either professional or volunteer), to take such action as deemed appropriate to seek treatment for the well-being of the participant. This authority extends to any first-aid trained individual, paramedic, physician or surgeon to perform whatever medical or surgical procedure is necessary to preserve the life or well being of the above named participant.

I further grant authorization for emergency treatment of the above named participant's horse in case of an accident. I/we authorize concerned YHCHC leader(s) (either professional or volunteer), to take such action as deemed appropriate to seek treatment for the well being of the participant's horse. This authority extends to any first-aid trained individual, veterinarian technician or veterinarian to perform whatever medical or surgical procedure is necessary to preserve the life or well being of the above named participant's horse while engaged in activities related to this competition.

Signed this _____ day of _____, 2017

**NOTE: Both parents must sign if they will be on the KCYAEC property at any time.*

Parent/Legal Guardian

Parent/Legal Guardian

YHCHC Director

PAID: CASH _____ **CK#** _____