



Ride Nipomo Equestrian Alliance

Associate Application & Renewal

(Year is Jan. 1 - Dec. 31)

Checks to: Ride Nipomo, **P.O.Box 395**,
Arroyo Grande, Ca. 93421

Due Date January 31, 20 _____

Box filled in by treasurer:

Date Rec'd _____
 Fees Paid: _____
 Cash or check: _____
 Circle Status : S F
 Paid Until: _____
 New Associate: _____
 Renewing: _____

<input checked="" type="checkbox"/>	Applying For: Please Check	Dues for 1 year	Dues for 2 years
<input type="checkbox"/>	Single (Over 18 years old)	\$20	\$30
<input type="checkbox"/>	Family Two adults (one household)	\$25	\$50

First Name	Last name

Mailing Address:		
City	State	Zip
Home Phone ()		Cell Phone ()
Email Address: primary:		secondary:(if necessary):
<input type="checkbox"/> I wish to volunteer as: _____		

Print name here

Second person print name here

I, _____, _____ am over the

age of 18 years. I understand that horse-related activities and trail maintenance activities can result in physical harm or even death to me or to others. In consideration for Ride Nipomo allowing me to participate in their activities, I hereby agree to waive any cause of action I may have against Ride Nipomo (and its Board of Directors) arising out of my participation in such activities. I further agree to indemnify and hold harmless Ride Nipomo (and its Board of Directors) for any cause of action or claim for damage that others may have as a result of my participation in such activities. This waiver and indemnification shall be binding on my heirs and assigns. **I AGREE TO ASSUME ANY AND ALL RISKS INVOLVED IN RIDE NIPOMO ACTIVITIES WITHOUT LIMITATION.** I agree that this release of liability is a contract that when signed by the parties involved will be legally binding to all parties, subject to the above terms and conditions and shall be enforced and interpreted under the laws of the state of California. **I have carefully read this agreement and understand its contents, and sign it of my own free will.**

SIGN _____

2nd PERSON SIGN _____

DATE _____ LOCATION OF SIGNING _____