Sidney Saddle Club PO Box 72 Sidney, MT 59270



Membership Application 2017

Name:	Pleas	se Print DOB:	
Address:	 		
State/Zip:	e-mail address, all correspond	mail address: dence will be sent via e-mail.	
	ll members must sign a re	Cell: of this document for your records lease of liability form annually to be on the perty regardless if you plan to ride horse	
Spouse: Children (age 18 or und Name	bership-\$100.00 OR	You must be of legal age to become an in member of the Sidney Saddle Club. Min only be part of a family membership Membership dues are due by March 15, 2 Late fees apply after March 15, 2017 Family - \$30.00 Individual - \$15.00	nors may
for himself, his heirs, per discharges, and covenant damage and any claim or undersigned, whether cau or upon the premises of t injury, death, or property premises of the Sidney S waiver agreement is inter I have read this documen	permitted to use the Sidney Sadde sonal representatives and next of its not to sue the Sidney Saddle Clar demands thereof on account of its a	IVER OF LIABILITY dle Club Facilities located in Sidney, MT the undersigned his agrees and represents that he hereby releases, waives lub or its members from all liability for any and all loss of injury to the person or property or resulting in death of the ney Saddle Club or otherwise while the undersigned is in hereby assumes full responsibility for and risk of bodily of the Sidney Saddle Club or otherwise while in or upon the other expressly agrees that the foregoing release and it is as is permitted by the law of the State of Montana. Il claims. I understand I assume all risk inherent to the upon and the other individuals. I understand I assume all risk inherent to the upon and the other individuals.	es, or ne n he