



**Fallbrook Riders, Inc.**  
**New Family Membership Application**

Fallbrook Riders  
PO Box 1063  
Fallbrook, CA 92088  
Fallbrookriders92028@gmail.com

**Family membership is open to family units including a maximum of two adults and any of their children under 25 yrs. of age who are living at the parent's residence. Families may consist of unrelated adults sharing a residence but does not include tenants.**

- New Family Membership \$300
  - Pro-rated memberships
    - After June 30<sup>th</sup> \$ 200
    - After Sept 30<sup>th</sup> \$ 360\*
- \*Includes following year dues**

Date submitted \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Donation Amount \$ \_\_\_\_\_**

Note – it is not necessary to submit a liability release form with this member application.

Adult Applicant: \_\_\_\_\_

Adult Applicant: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Description of tow vehicle and trailer: \_\_\_\_\_

License Number: \_\_\_\_\_

***What kind of riding or horse sports are you interested in?***

<input type="checkbox"/> Western Pleasure	<input type="checkbox"/> Natural Horsemanship	<input type="checkbox"/> Dressage / English Flatwork
<input type="checkbox"/> Trail Challenge	<input type="checkbox"/> Hunter / Jumper	<input type="checkbox"/> _____
<input type="checkbox"/> Gymkhana	<input type="checkbox"/> Eventing	<input type="checkbox"/> _____

***Are you a member of an equestrian club or group? \_\_\_\_\_ If so, which one? \_\_\_\_\_***

***What type of activities, events, clinics, shows, etc would you like to see at Riders Field?***

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**Fallbrook Riders is a nonprofit, all volunteer organization. How would you be willing to volunteer?**

- |   |   |
|---|---|
| <input type="checkbox"/> Tree trimming, brush removal, general cleanup                                    | <input type="checkbox"/> Organize and host an event or fundraiser |
| <input type="checkbox"/> Electrical or mechanical repairs   | <input type="checkbox"/> Event or Fundraiser Assistant            |
| <input type="checkbox"/> Sponsorship sales  | <input type="checkbox"/> Publicity / Promotions                   |
| <input type="checkbox"/> <b>I would prefer to make a cash donation instead (suggested donation \$100)</b> |   |

**Waiver of Rights and Release of Liability**

**THIS IS A WAIVER OF RIGHTS AND AN AGREEMENT NOT TO SUE. YOU ARE GIVING UP LEGAL RIGHTS BY SIGNING THIS DOCUMENT. THE EXECUTION OF THIS DOCUMENT IS A CONDITION TO PARTICIPATE IN ACTIVITIES AT FALLBROOK RIDERS FIELD.**

**We the Parents and/or legal guardian of the minor child/ren noted in this member application, on their behalf and on our own behalf agree to the following:**

1. I acknowledge horseback riding (including jumping, cross country, etc.), and all events and activities arising out of permission to use the facilities at Fallbrook Riders Field as part of membership in Fallbrook Riders, Inc. ("Activities") are dangerous activities and that our participation, and that of our minor child/ren, in the Activities as a participant, an individual contractor, or volunteer (collectively "Participant"), exposes the participant to a substantial and serious risk of property damage, personal injury or death. personal injury or death.

\_\_\_\_\_  
Initial

2. I acknowledge that participation in the Activities will involve such a hazard, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned herein who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

\_\_\_\_\_  
Initial

I also acknowledge that participation by our child in the Activities will involve such a hazard, we as parents or legal guardian(s) hereby agree to assume those risks and to release and hold harmless all the persons or entities mentioned

herein who (through negligence or carelessness) might otherwise be liable to our minor child/ren (or their heirs or assigns) for damages.

3. Being fully aware that participation in the activities will expose myself and our minor child/ren to substantial and serious risk of property damage and/or personal injury or death, and in consideration for us as members having been given permission to enter upon the real property of Fallbrook Riders Field belonging to Fallbrook Riders, Inc., I hereby release Fallbrook Riders Inc., or any successor-in-interest and their respective officers, directors, members of the Board, employees, attorneys and agents in each entity or organization ("Releasee") from liability for any and all claims for damages for death, personal injury or property damage which I or my minor child/ren may have, claims that are known or unknown, foreseen and unforeseen, future or contingent.

\_\_\_\_\_  
Initial

4. I shall not now nor at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the Releasee arising out of or related to the actions, causes of action, claims and demands hereby waived, release or discharged by the representatives, heirs, successors and assigns.

We as parents, legal guardian(s) for our child/ren shall not now nor at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the Releasee arising out of or related to the actions, causes of action, claims and demands hereby waived, release or discharged by the undersigned. This release shall be binding upon our minor child/ren, the undersigned, his/her spouse, legal representatives, heirs, successors and assigns.

\_\_\_\_\_  
Initial

5. I agree to indemnify and hold harmless the Releasee from all claims or losses resulting from my, or my minor child/rens, failure to abide by all applicable rules and regulations of Fallbrook Riders, Inc.

\_\_\_\_\_  
Initial

6. If I or my heirs make a claim against the Releasee, I and my heirs will be liable for payment of their associated expenses, including legal fees, court costs, expert witness fees, and lost wages.

\_\_\_\_\_  
Initial

7. We as parents or legal guardian(s) understand and agree that the facilities and property at Fallbrook Riders Field may have patent defects and latent defects and Releasee has made no representations concerning the condition of the above described property nor has the Releasee made any representation or warranties that the described property is fit for the use of participating in equestrian events or activities associated therewith, and any personal injury or property damage resulting to my child/ren and/or my family, from any patent defects or latent defects on the above described property shall not be the liability of Releasee.

\_\_\_\_\_  
Initial

8. If any part of this agreement is determined to be unenforceable under the applicable law, all other parts shall still be given full force and effect and the agreement shall be completed in respect of the aspects covered by the part which is declared unenforceable as to give effect to the intent herein expressed to the fullest extent permissible by law.

\_\_\_\_\_  
Initial

9. I further agree that the Releasee may request that I or my minor child/ren leave at any time during my use of the premises if they determine that my continued participation in use of the premises may adversely affect the health, safety, welfare or enjoyment of myself, my child, or any other person.

\_\_\_\_\_  
Initial

10. I currently have a health insurance policy in effect, which covers myself and my child/ren for any and all injuries that I/we may sustain during the use of Fallbrook Riders Field.

\_\_\_\_\_  
Initial

11. I agree, both for myself and my child/ren, that any dispute, claim or controversy in law or equity arising out of or relating to this Agreement or breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in San Diego, California, before one arbitrator. At the option of the first to commence an arbitration, the arbitration shall be administered by Judicial Arbitration and Mediation Services (JAMS) pursuant to its Comprehensive Arbitration Rules and Procedures. Judgment on the Award may be entered in any court having jurisdiction. This clause shall not preclude parties from seeking provisional remedies in aid of arbitration from a court of appropriate jurisdiction.

\_\_\_\_\_  
Initial

The arbitrator may, in the Award, allocate all or part of the costs of the arbitration, including the fees of the arbitrator and the reasonable attorney's fees of the prevailing party.

By initialing in the space to the right of this paragraph you hereby agree to have all matters as set forth above decided by arbitration and you are giving up any rights you might possess to have the dispute litigated in a court or jury trial. In addition, by initialing you are giving up your rights to discovery and appeal. I have read and understand the foregoing and agree to submit disputes as set forth above.

Initial

12. We understand and agree that this Release of Liability shall be legally binding upon myself, my child/ren, my heirs, my estate assigns, legal guardians and my personal representatives. Should any portion of this Agreement be deemed invalid for any reason, the remaining provision shall be severed and shall be legally binding upon the parties hereto.

Initial

13. All parents/legal guardian(s) must initial and sign this document before your child/ren will be permitted to be involved in activities at Riders Field.

Initial

***I have carefully read this document and fully understand its contents, I have initialed the above paragraphs and am aware that this is a release of liability, waiver of legal rights and I sign it of my own free will.***

☐ ***I have read and accepted the Policies of Fallbrook Riders, Inc. and agree to abide by the Policies as set forth in the document. \_\_\_\_\_/\_\_\_\_\_ initials/initials.***

☐ ***I prefer not to have my contact information published in the FRF Roster, which will be sent to all members quarterly. \_\_\_\_\_/\_\_\_\_\_ initials/initials.***

***\*Who can we thank for referring you to the Fallbrook Riders Field? \_\_\_\_\_***

**Note: All adults over the age of 18 must sign this application**

Signed on this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness