

AURORA HORSEMEN'S ASSOCIATION 2010
HOLD HARMLESS AGREEMENT

In consideration of being allowed to participate in AURORA HORSEMEN'S ASSOCIATION activities, I assume all risks in connection with activities and agree to release AURORA HORSEMEN'S ASSOCIATION, their Board of Directors, Members, the City of Aurora and their employees, for any injury or damage which may befall me while I am participating in said activities whether foreseen or unforeseen. I agree to hold them harmless from any claim by me or my family, estate, heirs, or assigns, arising out of my participation in these activities. **Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.**

I have informed myself of the contents of this affirmation by reading it before I signed and dated it. I understand, as in any sporting event or horse related activities, that there is a potential for injury, death, or other damages to me or to my family, heirs, or assigns.

SIGNED BY

IN ORDER TO PROCESS YOUR APPLICATION,
BOTH SECTIONS MUST BE SIGNED AND DATED. THIS IS REQUIRED BY OUR INSURANCE CARRIER.

DATE

AURORA HORSEMEN'S ASSOCIATION MEMBERSHIP APPLICATION

I, do hereby, request membership in the AURORA HORSEMEN'S ASSOCIATION, INC. and enclose my/our dues of \$_____ for the calendar year of 2010.

NAME: _____ SPOUSE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MEMBER AGE/DOB _____ SPOUSE AGE/DOB _____

LIST CHILDREN UNDER 18 (As of January 1 st of membership year)	BIRTHDATE
_____	_____
_____	_____
_____	_____
_____	_____

Are you a new member? Yes No

Mandatory e-mail address to receive the newsletter

ANNUAL MEMBERSHIP FEES/DUES:

	STANDARD SIGN-UP	EARLY BIRD SIGN-UP (Jan. 1 st – Apr. 30 th)
SINGLE	\$20.00	\$15.00
FAMILY	\$25.00	\$20.00
BUSINESS *	\$30.00	\$25.00

(*Please include your business card for a free advertisement in our newsletter!)

I understand that Aurora Horsemen's Association membership is governed by the regulations as set forth in the bylaws. Violating these regulations will result in penalties and/or cancellation of my/our membership(s) without a refund of fees/dues

Signature: _____ Date: _____

Mail to: AURORA HORSEMEN'S ASSOC., P. O. BOX 31381, AURORA, CO, 80041

OFFICE USE ONLY			
CHECK _____	CASH _____	DATE PROCESSED _____	PROCESSED BY _____