

**Bridle Creek Monthly Membership Policies,
Rider Participation Waiver and Hold Harmless Agreement
Indoor Arena and Grounds Use for Non-Boarding Customers**

918-288-2880

(leave message - all calls are forwarded immediately)

www.bridlecreekok.com

***** Season 2010/2011 *****

***** \$15 Signup Fee for Non-Current Membership *****

***** "All Current Membership" - \$45.00 per month per family of 4 *****

***** Membership is considered Non-Current if not paid by the 10th of each Month *****

- Family membership includes up to 4 - add \$10 monthly for each person thereafter - \$450 yearly plus \$100 each after 4

• **Monthly periods are the 1st thru end of each month**

- New membership shall be pro-rated at \$1.50 per day to the end of current month

PLUS Non-Current Signup Fee PLUS following month due at Signup

(EXAMPLE: signup on 15th of month – 15 days @ \$1.50=\$22.50, plus \$45 following month, plus \$15 Signup = \$82.50)

(Please Print)

Parent or Guardian's Name: _____ Cell _____ Age _____

Parent or Guardian's Name: _____ Cell _____ Age _____

Additional Family member: _____ Cell _____ Age _____

Additional Family member: _____ Cell _____ Age _____

Phone - Home: _____ Work: _____ Mobile: _____

Address: _____ State _____ Zip _____

BRIDLE CREEK IS OFFERING THIS AS A SERVICE FOR ITS MEMBERS ONLY

***** A LIST OF MEMBERS WILL BE POSTED EACH MONTH *****

***** MEMBERS ARE ASKED TO HELP POLICE THIS PROGRAM *****

***** ABUSE CAN CAUSE THIS PROGRAM TO BE DISCONTINUED *****

1. This policy is subject to change and will be posted in arena at all times. It will be up to each member to review for changes.
2. Management reserves the right to discontinue membership riding program at anytime or any Member and pro-rate membership fee reimbursements at its desecration.
3. Membership is for **pleasure riding only**, no training or showing of horses. If interested in training or showing please contact office.
4. Guests
 - a. A fee of \$10 per day/night for each non-member(s) (includes one horse per guest) and must be accompanied by a member or have prior approval by management. **Waiver form must be filled out and signed, including copy of coggins report before riding.**
 - b. It is the responsibility of member(s) bringing guest(s) to accept fee, help filling out this membership/waiver form, insure it is signed by guest and member and deposited under announcers stand door. Members are encouraged to report Non-Members to management. **Riders abusing riding privileges will ruin it for everyone.**
5. Nightly lighting will be Mondays and Thursdays of each week and subject to change by management.
 - a. no more than 4 rows of arena lighting on at any time, plus fluorescents on north and south sides
 - b. It is up to members to turn lights off no later than 10:00 pm. Please lock all doors when leaving.
6. Arena is for rent and will be up to each member to check web site calendar for any changes
7. All members and guests are required to supply Bridle Creek with a copy of Coggins to remain on file for each horse brought to the Ranch.
8. PLEASE clean up after up yourselves and most importantly – ENJOY!

This release contains important limitations of legal liability. Please read it carefully!

I acknowledge that competitive and pleasure horse riding contains inherent risks of injury and damage to me personally, to my horse and to my equipment. Knowing these facts, I nevertheless in consideration of your acceptance of this form, hereby for myself, my heirs, executors and administrators waive, release, discharge, indemnify and hold harmless Bridle Creek Ranch, it's owners, employees, agents, teachers and all individual members thereof and all other persons and organizations in any way connected with the events, property, boarding, lessons, shows, clinics or any other activity associated herewith, from any and all claims, damages, expenses, right of claims or damages, of any kind or nature, that I might have as a result of or arising out of my participation in any activity at Bridle Creek Ranch.

Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation caused by my own acts or acts of anyone or any animal within my control or that of others on the premises of Bridle Creek Ranch. I further agree that I will defend, indemnify and hold harmless Bridle Creek Ranch, it's owners, employees, teachers and agents from all claims, damages, fees and expenses (including reasonable attorney fees), demands and causes of action, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release.

I warrant that I have been advised to always ride with a safety helmet and have been offered one for use and made the choice to wear one or not of my own free will. I further warrant that I have Health insurance to cover accidental injuries.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS COMPLETELY.

MINORS MUST HAVE THE FOLLOWING LIABILITY SIGNED BY PARENT OR GUARDIAN

I, the undersigned parent or guardian for and in consideration of my child's/Family Member participation at Bridle Creek Ranch, state that I have read the Bridle Creek Ranch Rider Participation Waiver and Hold Harmless Agreement and expressly agree that the terms and conditions of said Agreement shall apply to and be binding upon me and my minor child insofar as it pertains to his/her participation and to any injury or damage said minor child or horse within his/her control may sustain or cause as a result of said participation. I further warrant we have health and accident insurance on said minor.

I declare under penalty of perjury that the foregoing is true and correct.

AUTHORIZATION TO CONSENT TO TREATMENT

I, (we) the undersigned, parent(s) or guardian(s) do hereby authorize Bridle Creek Ranch and/or Bridle Creek Ranch personnel as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, dental/medical surgical diagnosis or treatment which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon or dentist licensed in the state in which such medical attention is sought, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advanced of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s).

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Rider's Signature: _____ **Date:** _____

Rider's Signature: _____ **Date:** _____

Name of Member bringing guest(s): _____