



**RIO GRANDE MULE & DONKEY ASSOCIATION**  
**APPLICATION FOR MEMBERSHIP**  
**2009**

**Name (s)** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_

**City / State / Zip**

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Membership Type**

**Household \$25.00 / Yr**

**Corporate / Sponsor \$50.00 / Yr**

**The business cards of corporate members will be published in the newsletter**

**Send check to: Rio Grande Mule and Donkey Association**

**PO Box 1677**

**Belen, NM 87002-1677**

**All members must sign the Liability Waver on the reverse side of this form annually.**

**Rio Grande Mule and Donkey Association  
Hold Harmless Agreement, All 2009 Events**

To be completed annually and submitted with membership application

Name (s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Type of membership: Household \_\_\_\_\_ Corporate \_\_\_\_\_

**Please Read Carefully Before Signing!**

*Event Sponsors and Club Administrators Do Not Assure Your Safety.*

**Please Initial** (a parent or legal guardian must initial if the participant is under the age of 18).

**Initial (s)**

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

**Initial (s)**

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards, and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force

**Initial (s)**

I acknowledge that I, the Parent or Legal Guardian of minor participants, should purchase ASTM- standard/ SEI certified equestrian helmets for minor participants, and require them to be worn when participating in RGMDA sponsored equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants' head injuries in the event of a fall or other related accident.

**Initial (s)**

I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my horse at this show, activity and/or event.

**I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.**

_____ Name of Participant (Please print) (Spouses must sign for themselves)	_____ Signature of Participant	_____ Date
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_____ Name of Participant (Please print) (Spouses must sign for themselves)	_____ Signature of Participant	_____ Date
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_____ Name of Parent/Guardian (Please print) (Please print)	_____ Signature of Parent/Guardian	_____ Date
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