

Milton Freewater Pioneer Posse

2024 Membership Form

Memberships: January 1st to December 31st each year.

MEMBERSHIP INFORMATION

First Name: _____ MI: ____ Last Name: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ DOB: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

SPOUSE/SIGNIFICANT OTHER INFORMATION

First Name: _____ MI: ____ Last Name: _____

DOB: _____ Cell Phone: _____ Email Address: _____

CHILDREN

All children on a family membership must be under 18 or enrolled in school and living at the primary applicants address. (Exception is for children in college living on campus)

Child 1 (First & Last Name) _____ DOB: _____

Child 2 (First & Last Name) _____ DOB: _____

Child 3 (First & Last Name) _____ DOB: _____

Child 4 (First & Last Name) _____ DOB: _____

Child 5 (First & Last Name) _____ DOB: _____

The undersigned by applying for membership in the Pioneer Posse agrees for himself/herself, dependents heirs, administrators, assigns and for persons coming on to the premises or participating in Posse events with the undersigned's express or implied permission, invitation or knowledge to assume all risk and hazards and agree to fully INDEMNIFY, AND HOLD HARMLESS, Pioneer Posse, its Board of Directors, members, employees, agents, or volunteers from any and all claims, liability injuries, death, property damage or loss or other remedies or damages arising out of or resulting from the inherent risks of participating in or observing horse related activities, and from all claims resulting from the negligence, direct or otherwise of the Pioneer Posse. If you do not agree, DO NOT become a member, DO NOT ride a horse or participate at the Pioneer Posse grounds or any of its other horse related activities such as parades, rodeos, gaming events and horse shows. I have carefully read this waiver of liability and release. I understand it and voluntarily agree to all of its terms.

PAYMENT INFORMATION

MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Membership registration fees are per year, due January 1 of each year.

MEMBERSHIP TYPE

____ Single Membership \$40 ____ Family Membership \$60 ____ Associate Membership (non-rider) \$25

Signature: _____ Date: _____

Are you or a family member willing to help on a committee, arena crew, etc.?? ____Y ____N

TO BE ELIGIBLE FOR SUMMER SERIES AND MINI SERIES AWARDS, EACH MEMBERSHIP MUST GIVE 1 HOUR OF VOLUNTEER TIME BEFORE AWARDS NIGHT EACH AUGUST. CONTACT A BOARD MEMBER TO SIGN UP.

RETURN COMPLETED FORM AND PAYMENT TO: POST OFFICE BOX 478 MILTON-FREEWATER, OR 97862