



Membership Application

Date _____ YEAR _____

NAME: _____ D.O.B. _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: (or other): _____

EMAIL ADDRESS: _____ (Email will be the Primary Contact Method)

TYPE OF MEMBERSHIP: FAMILY(\$30) INDIVIDUAL(\$20) YOUNG ADULT(\$15)

- Membership is on an annual basis, with membership year running January 1 through December 31.
- Family membership includes children claimed on income taxes.
- Young Adult category is for those age 23 & under.

If joining as a family, please list family members:

First Name	Last Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of horses owned _____

Breed(s) of horses owned _____

Please give us a brief description of your background with horses, including clinics, shows, etc.

SHOW events I participated in the previous year:

Membership Appreciation Clinic Clinic (specify) _____ Fall Ranch Show

Are you aware of the Luminere Scholarship Program? Yes No

Did you receive a Luminere Scholarship last year? Yes No

- Please Fill out the Reverse Side -

STOCK HORSE OF WISCONSIN EVENT RELEASE

PARTICIPANTS/PARENTS - ACKNOWLEDGMENT OF AND ASSUMPTION OF RISK AND RELEASE:

I, _____, know that horseback riding is an action sport carrying significant risk of serious personal injury, death or property damage.

I agree that as a participant or parent of participant, I am responsible for my own or my child's safety while participating in events sponsored by Stock Horse of Wisconsin. I understand that the sponsors of these events are not responsible for supervision of myself or my child or my child's safety. I specifically RELEASE and DISCHARGE, in advance, the sponsor from any and all liability, whether known or unknown, even though that liability may arise. I agree to accept all responsibility for the risks, conditions and hazards which may occur whether they now be known or unknown.

I HEREBY AGREE TO WAIVE, RELEASE AND DISCHARGE any and all claims for damages for death, personal injury or property damage which myself or my child may have or which may hereafter accrue as a result of my own or my child's participation in these events against their person or entity whether such injury or damage was foreseeable.

I further agree to forever HOLD HARMLESS and INDEMNIFY all persons and entities, generally or specifically from any and all liability for death and/or personal injury or property damage resulting in any way from my or my child's participation in this event. This Acknowledgment of and Assumption of Risk and Release shall be binding upon my heirs and assigns.

Date: _____

Signature of Participant: _____

Signature of Parent/Guardian (if participant is under 18) _____

MISSION STATEMENT

Dedicated to the purpose of promoting safe and sound horsemanship skills and ranch work opportunities to our members and participants.

Return application with payment to:

Stock Horse of Wisconsin
Post Office Box 866
Sturgeon Bay, WI 54235

Please make checks payable to S.H.O.W.

www.stockhorseofwisconsin.com

FOR OFFICE USE

Membership Amount Paid \$ _____ CASH CHECK

Date Paid _____

Email added to list

Address added to mailing list

Interests added to list

Coggins Test Checked

Copy Received