

**Checks Payable to:  
Warrenton Saddle Club**

**Warrenton Saddle Club  
Membership Form**  
Parent /Guardian Consent Form &  
Medical Treatment Authorization

**COST:**  
**\$20.00 Youth Only**  
**16 years of age and under**  
**\$35.00 per Family**  
**\$25.00 per Individual**

**Please Print**

Name of Adult: \_\_\_\_\_

Name of Adult: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child/Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child/Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Other Phone Numbers Please Specify \_\_\_\_\_

**TO WHOM IT MAY CONCERN:** In the horse show program that the above named child or family member is taken to an emergency room or medical care facility in my absence from attendance of the show, at any time during the entire show any member of the Warrenton Saddle Club, has my consent to authorize treatment for the child or family member by a doctor(s) and or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child or family member permission to participate in the horse show program with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Warrenton Saddle Club, Warren County Fair Grounds, all of their officers of the club, employees, judges, contractors, volunteers and club sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by the Warrenton Saddle Club, Warren County Fair Grounds or the officers of the club, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child or family member while participating in the horse show program.

**UNDER MISSOURI 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 THE REVISED STATUTES OF MISSOURI.**

I understand that a photocopy of this document shall have the same force and effect as the original.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Check One:**  
 Single Member  
 Family Member  
 Youth Only Member  
Under the age of 16 year of age

**A family member is defined as an immediate relative residing at the same address, 16 years of age and under.**

**Office Use Only:**

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_