

## 2022 SPOKES AND SPURS, INC MEMBERSHIP FORM

Name	Farm Name	
If family membership, please submit names of family and email addresses, if possible.	Do we have your permission to photograph you and family members at S&S events?	
Street Address	City	
State	Zip Code	
Email Address	ADS Member?	
CAA Member?	USEF Member?	

To be signed by member or family representative, signature indicates your (and family members) agreement to abide by the disclaimer.

## **SPOKES & SPURS, INC. DISCLAIMER**

I understand that neither Spokes & Spurs, Inc. ("S&S") nor its officers accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, drivers, grooms, passengers, attendants, spectators, or any other person or property in connection with any activities. I hereby expressly agree for myself and my principals, representatives, employees, and agents: to be bound by the rules of the activities; and to accept as final any decision of the officials or officers on any question arising under the local rules of the Competition, and agree to hold S&S, their officers, directors, employees and agents, judges, officials and organizing committees, harmless for any action taken. I am fully aware that horse sports, including driving, and activities involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to indemnify and hold S&S, their officers, directors, employees and agents, officials, and organizing committees, harmless from and against all claims including any injury or loss suffered during or in conjunction with the club or activities, whether or not such claim, injury or loss resulted, either directly or indirectly, from the negligent acts or omissions of S&S, their officers, directors, employees and agents, officials and organizing committees.

Member or Family Representative Signature:	
Date of Signature:	

Mail check made out to: Spokes and Spurs (\$35 family, \$30 single) and this membership form to: 1145 Hill Rd., Paris, KY 40361