

2011-2012 MT EDEN CLUB MEMBERS

Welcome to the 2011-2012 Vaulting Season

Please find enclosed your Mt. Eden Membership package:

- 1) Mt. Eden Registration Form
- 2) Mt. Eden Hold Harmless Form
- 3) Mt. Eden Consent to Treat Form
- 4) Garrod Farms Release

If you have more than one vaulter in your family, please fill out separate releases/consent to treat and provide registration information for EACH one.

Please fill out /correct and SIGN/DATE all forms completely (no blank spaces):

- * BRING it to the Sign-up Day on October 1 at the Ranch noon-4pm or
- * MAIL so that it is RECEIVED BY SEPTEMBER 30 with your check to
Mt. Eden Vaulting Club to Marianne Rose, 11845 Skyline Blvd., Los Gatos, CA 95033 or
- * Leave it in white mailbox on the shed no later than September 30.
- * DO NOT hand it to your coach, give it to the Ranch Office.

All forms not received by September 30 will need to be redone at the Sign-up day on Oct. 1. Mt. Eden will fill out your AVA forms and you will get your membership cards/premiums in the mail directly from the National Office within the next month or so.

Visit the Mt. Eden website at **www.mtedenvaulting.net**

To enter the Members section, the ID is "Garrod" and the Password is "Pegasus" (initial caps)
NEWS – current activities and fest information

CLUB – Officers, Bylaws, meeting minutes and the very informative Mt. Eden Handbook.

VOLUNTEER – Opportunities for you to get involved - make a difference! Without YOU this club would be nothing. Each family MUST contribute time at competitions.

DIRECTORY – Current Mt. Eden Members (name/email/phone)

ALBUM – Pictures of our vaulters

SHARE – chat with your Mt. Eden friends, spread the word about fund raisers and other events through the Mt. Eden Yahoo Group. Download a flyer about vaulting to hand out/post to bring more vaulters into the club.

Any issues or problems with the website, contact Marianne Rose.

If you have any questions, contact our Head Coach, Emma Seely at 408/868-9476 or emmaseely@sbcglobal.net Please don't hesitate to contact David Thrasher (Mt. Eden Club President) at 650-438-1612, Thrasher5258@yahoo.com or Marianne Rose (Mt. Eden Membership) 408/867-1789 or marianne@mariannerose.net with any problems or issues.

We all need to stay in touch to make this club work and to give all our vaulters the best opportunity to reach for excellence..

Mt. Eden Vaulting Club 2012 Registration Form

Vaulter name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (cell) _____

Email _____ Birthdate _____

United States Citizen? _____ Current medal held _____

USEF # _____ AVA # _____

Parent name _____

Address
(If different from above) _____

Phone (work) _____ Fax (work) _____

Email _____

Parent name _____

Address
(If different from above) _____

Phone (work) _____ Fax (work) _____

Email _____

Please return the following to Marianne Rose:

_____ Garrod Farms release _____ Team Contract

_____ Mt. Eden Hold Harmless _____ Medical consent to treatment

Please include a check for the following:

__ \$20 __ Mt. Eden Club family registration fee (\$20 per family)

_____ AVA Adult Member fee (\$50 per parent or vaulter 18 years or older)
One Adult Membership per vaulter is recommended, not required

_____ AVA Youth registration fee (\$50 per vaulter under 18 years of age)

Make checks payable to Mt. Eden Vaulting Club Total: _____

Mt. Eden Vaulting Club 2012 Hold Harmless Form

**THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY
READ IT!**

THE UNDERSIGNED STATES AS FOLLOWS:

I acknowledge that competitive and pleasure horse vaulting contains inherent risks of injury and damage to me personally, to my horse, and to my equipment. Knowing these facts, I nevertheless, in consideration of your acceptance of this form, hereby for myself, my heirs, executors and administrators, waive, release, and discharge and hold harmless MT. EDEN VAULTING CLUB, ITS BOARD OF DIRECTORS, OFFICERS AND ALL INDIVIDUAL MEMBERS THEREOF and all other persons and organizations in any way connected with the events, popery, boarding, lessons or any other activity described herein, their representatives, heirs, executors, administrators, and assigns, from any and all right, claim, or liability for damages or for any and all injuries that might be sustained by me including injuries to animals or from any and all claims of any kind or nature that I might have as a result or, or arising out of my participation in any activity. Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify and hold harmless MT. EDEN VAULTING CLUB, ITS OFFICERS, DIRECTORS, MEMBERS AND AGENTS OR ANY OF THEM against all claims, demands, and causes of action including court costs, and attorneys fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature what-so-ever whether known or unknown and expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims.

Signature _____ Date _____

I do acknowledge that I have read the foregoing paragraph and know
and understand the content thereof.

Signature _____ Date _____

**MINORS MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS
OR LEGAL GUARDIANS**

We, the undersigned parents of _____ for and in consideration of our child's participation in all activities of MT. EDEN VAULTING CLUB, state that we have read the waiver, release and hold harmless agreement written above and we expressly agree that the terms and conditions of said waiver, release and hold harmless agreement shall apply to and be binding upon us and our minor child may sustain or cause as a result of said participation.

We further warrant we have health and accident insurance on said minor.

I declare under penalty or perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____ at City _____ State _____

Mother _____ Father _____

Address _____ Phone _____

City _____ State _____ Zip _____

I do acknowledge that I have read the foregoing paragraphs and know and understand the content thereof.

Signature _____ Date _____

Garrod Farms Riding Stables Registration Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate of Rider: _____

Riding Exp. (circle): (1) None (2) 1 to 5xs (3) 6 to 15xs (4) over 15xs

MEDICAL STATEMENT FOR PARTICIPATION IN HORSEMANSHIP ACTIVITIES

I hereby certify that (I, am) (he, she, is) not under the influence of alcohol or drugs or under treatment for any physical infirmity or chronic ailment, or injury of any nature, and that (I have) (he, she, has) normal vision or (have, has) never been treated for any of the following:

- 1) cardiac or pulmonary condition or disease
- 2) high or low blood pressure 3) nervous disorders
- 4) fainting spells or convulsions 5) diabetes
- 6) hard of hearing 7) kidney or related diseases

Signature: _____ Date: _____

Rider or Parent/Legal Guardian of minor

RELEASE OF INTEREST

I, ___ am aware that Horsemanship activities may be HAZARDOUS ACTIVITIES, and I am VOLUNTARILY participating in these activities with knowledge of the DANGER involved and HEREBY ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. ___ (initial)

In addition, I HEREBY INDEMNIFY, RELEASE AND DISCHARGE Stables, Garrod Trust, and the Trustees, Officers, Directors, Employees, and Agents thereof, and each of them, from all actions, claims, or demands I, may heirs, distributees, Guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in horsemanship activities.

Signature: _____ Date: _____

Rider or Parent/Legal Guardian of minor