



## AURORA HORSEMEN FOUNDATION

### HOLD HARMLESS AGREEMENT & MEMBERSHIP APPLICATION

In order to process your application **BOTH SECTIONS MUST BE SIGNED AND DATED.**

#### Section I: Hold Harmless Agreement

In consideration of being allowed to participate in Aurora Horsemen Foundation (also known as AHF) activities, I assume all risks in connection with activities and agree to release Aurora Horsemen Foundation, their Board of Directors, Members, the City of Parker, and their employees, for any injury or damage which may befall me while I'm participating in said activities whether foreseen or unforeseen. I agree to hold them harmless from any claim by which me or my family, estate, heirs, or assigns, arising out of my participation in these activities. **Under Colorado 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 section 13-21-119, Colorado Revised Statutes.** I have informed myself of the contents of this affirmation by reading it before I signed and dated it. I understand, as in any sporting event or horse related activities, that there is a potential for injury, death, or other damages to me or to my family, heirs or assigns.

x \_\_\_\_\_  
SIGNED BY DATE

#### Section II: INDIVIDUAL/FAMILY MEMBERSHIP APPLICATION

I/We, do hereby, request membership in the AURORA HORSEMEN FOUNDATION, Inc. and enclose my/our dues of \$ \_\_\_\_\_ for the calendar year 2023.

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Current and valid e-mail is mandatory for club communications, including club notices and current newsletters. AHF, its Officers and/or Board Members are not responsible for invalid or restricted e-mail addresses.

\*Member Age: \_\_\_\_\_ DOB: \_\_\_\_\_ / Spouse Age: \_\_\_\_\_ DOB: \_\_\_\_\_

(\*Member must be 18 as of January 1<sup>st</sup> of membership year; if under 18, member must be listed under a family membership.)

(Total of 6 Family Members per Family Membership)

If applicable, list names of children (under 18 as of January 1<sup>st</sup> of the membership year) and date of birth:

|       |            |       |            |
|-------|------------|-------|------------|
| _____ | DOB: _____ | _____ | DOB: _____ |
| _____ | DOB: _____ | _____ | DOB: _____ |
| _____ | DOB: _____ | _____ | DOB: _____ |

**ANNUAL MEMBERSHIP FEES/DUES: SINGLE \$30.00 FAMILY \$40.00**

I understand that Aurora Horsemen Foundation membership is governed by the regulations set forth in the AHF rules and by-laws. Violating these regulations will result in penalty and/or cancellation of my/our membership(s) without refund of fees/dues.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL TO: AURORA HORSEMEN FOUNDATION – P.O. Box 3952 – Parker, CO 80134

Office Use Only:

VENMO \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Date Processed \_\_\_\_\_ Processed By: \_\_\_\_\_

2023

INDIVIDUAL OR FAMILY MEMBERSHIP

# BUSINESS MEMBERSHIP 2023

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