

## Membership Application

Founder  Premier  All Access  Racquet

Riding Member (no boarding horse)  Riding Member (with boarding 1 or more horses)  Riding Academy (Non-Member)

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse's E-mail: \_\_\_\_\_

Children in Family and Ages with birthdates (DOB): \_\_\_\_\_

**Please make checks payable to Ox Ridge Riding & Racquet Club.**

Applicant & family members agrees to abide by all rules and regulations and to keep their financial accounts current. Any overdue member accounts will be assessed a 1.5% fee per month of arrears.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposer (for Membership): \_\_\_\_\_

Signature of Seconder (for Membership): \_\_\_\_\_

**This application must be accompanied by a Waiver Form that has been read, signed and returned to the Office of Ox Ridge Riding & Racquet Club, Inc.**

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Chairman, Membership Committee)



## WAIVER

I understand and accept the inherent risks involved in equestrian events, horseback riding for pleasure, and in the presence of horses. Therefore, I/We freely and willingly agree to hold the ORR&RC, Inc. and its officers, stewards, employees, and landowners harmless from any liability for bodily injury occurring to myself, members of my family or my guests, as a result of my membership in ORR&RC, Inc. The said hold harmless agreement shall extend to all activities engaged in by myself, members of my family and my guests, including but not limited to, horseback riding over trails, racquet sports and land owned by the ORR&RC, Inc. and/or its landowners.

I/We hereby agree to release the ORR&RC, Inc., its officers, stewards, and employees, from any liability for any personal property, including tack, which is lost, stolen or in any way damaged. Furthermore, I/We recognize the obligation to maintain adequate insurance to protect against the loss, theft, or damage to personal property kept on the ORR&RC, Inc. premises.

I/We understand that charges for lessons, programs, dues, initiation fees, capital improvements and facility fees are non-refundable. Additionally, I/We agree to the following if we board a horse at The Ox Ridge Riding & Racquet Club, Inc. (heretofore, ORR&RC):

1.) ORR&RC agree it will feed and keep horse(s) at its stables located at The ORR&RC, Inc., Darien, Connecticut. ORR&RC will do so on a month-to-month basis. ORR&RC will use its best efforts to: [a] feed horse(s) seven (7) days each week; [b] provide groom service six (6) days each week (excluding Mondays and holidays)

2.) Owner agrees that he will pay ORR&RC the fee for full board per month for each month the horse(s) is kept at ORR&RC. This payment will be made by the owner by the 15th day of each month. The monthly fee may be increased at the option of ORR&RC by giving the Owner at least thirty days written notice of such change. Members agrees to abide by all rules and regulations and to keep their financial accounts current. Any overdue member accounts will be assessed a 1.5% fee per month of arrears.

3.) Owner agrees that its failure to pay all or part of any stable fee within 30 days will subject horse to a lien in favor of ORR&RC. This lien is in accordance with Section 49-70 of the Connecticut General Statutes, as amended. The rights of ORR&RC as a lienholder are set forth in paragraphs 4 and 5 of this agreement.

4.) Owner agrees that if he fails to pay all or part of the stable fee in any month, then ORR&RC may, if so desires, detain the horse until the amount due is paid in full.

5.) Owner agrees that in the event that all or part of a monthly stable fee remains unpaid for more than ninety days, then at the option of ORR&RC, the horse will be sold at auction. In the event of such sale, ORR&RC will give Owner at least sixty days prior written notice. This notice will be sent to the address stated in this contract. If the Owner wishes to change the address to which such notice will be sent, he must notify ORR&RC in writing of this change. The proceeds from the sale of the horse at such an auction will be used to pay the stable fees owing to ORR&RC as well as any fees incurred in the auction by ORR&RC.

6.) Owner represents that he is the owner of the horse and that presently there exists no lien, attachment or other security interest with respect to the horse. In the event that such a lien, attachment or other security interest arises, Owner will immediately notify ORR&RC of this fact.

7.) All owners with a horse(s) leaving Ox Ridge must provide 30 days advanced notice and all accounts must be paid in full.

8.) No horse will be permitted off property until Ox Ridge Club and outside vendors account balances have been fully paid.

9.) This agreement represents the entire understanding of Owner and ORR&RC. No other documents or oral agreement between the parties will have any force or effect.

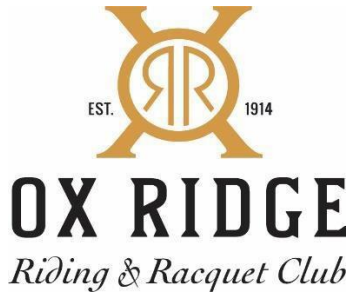
10.) I/We have completely read and understood the foregoing and fully consent to the provisions contained therein and furthermore I/We agree to abide by them if accepted as a member of The Ox Ridge Riding & Racquet Club, Inc.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.

Witnessed by (Member of The Ox Ridge Riding & Racquet, Inc.) \_\_\_\_\_



## EMERGENCY INFORMATION AND MEDICAL RELEASE

Name of Participant/Member: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please complete a separate sheet for each participant/member riding at ORR&RC. Copies are available in the Office.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (including medications, bee stings, foods, etc.): \_\_\_\_\_

Please list any medications you (or participant) is currently taking: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

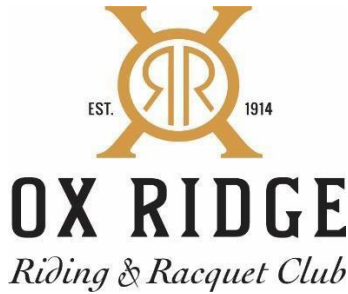
The undersigned authorizes appropriate medical care as deemed necessary by emergency personnel, a physician or the medical facility providing treatment.

As Parent or Legal Guardian of the above-named minor, I ask that every effort be made to contact me at the time of the accident or illness without detriment of postponing medical treatment.

I have read and understood this entire release form and agree to it.

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

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.



## PHOTOGRAPHY AND PRESS RELEASE INFORMATION

For all ORR&RC publications, publicity, and advertisements, press releases, email blasts and social media.

Please check your sport or both: Squash player \_\_\_\_\_ Rider \_\_\_\_\_

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

Please complete a separate sheet for each participant/member riding at ORR&RC. Copies are available in the Office.

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

City, State, and Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Squash/Rider's School: \_\_\_\_\_

Squash/Rider's Business: \_\_\_\_\_

Horse's Name (show name and nickname): \_\_\_\_\_

Horse's sex/age/height/breed: \_\_\_\_\_

The undersigned authorizes the use of photographs of themselves and/or their children to be used in any and all ORR&RC publications, publicity, advertisements and social media.

I have read and understood this entire release form and agree to it.

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

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.



**OX RIDGE**  
*Riding & Racquet Club*

**CREDIT CARD AUTHORIZATION**

*We accept Visa and Master Card*

To Charge; please complete below, sign where indicated and return to

Please charge my (Circle One)    VISA    MASTER CARD    AMEX

I, \_\_\_\_\_, give Ox Ridge Riding & Racquet Club the authorization to charge my card.

Credit Card # \_\_\_\_\_ expiration date \_\_\_\_\_

CVV#: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Billing address \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_