



Eau Claire Bit & Spur Foundation, Inc. – 2026 Membership Form

- Active Family Membership - \$30/year
- Active Single Membership - \$25/ year
- Inactive Membership - \$100/year (Single or family - Will be included on the WSCA membership list but will not be required to work or donate items.)

Total Paid: \$ _____

- Cash
- Check (Payable to Eau Claire Bit & Spur - (Please mail payment and form to Mallory Harrelle, 9625 W Cameron St, Eau Claire, WI 54703)
- PayPal (eauclairebitandspur@gmail.com)

Fill out completely & legibly:

Name: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Family Members:

Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____
Name: _____ Birth Date: _____

ACTIVE MEMBER REQUIREMENTS MUST BE MET TO QUALIFY FOR YEAR END HIGH POINT AWARDS.

- Must work a minimum of 10 hours during the year at shows, events, clean-up days, etc.
- Must donate a food item for a minimum of one event (ie: soda, salad, beans, etc.)
- To be eligible for Champ Show, you must be a paid member no later than May 20.

Adult Signature: _____ Adult Signature: _____

Parent/Guardian Signature: _____ (for members under 18 years of age)

*Must sign HARD HAT/HORSEBACK RIDING RELEASE WAIVER for each member listed. *

More Information: www.eauclairebitandspur.com

E-mail: eauclairebitandspur@gmail.com

FB: www.facebook.com/EauClaireBitAndSpur

Phone: 608-418-0150 (Angie Petschow)

I have read the Eau Claire Bit & Spur Foundation, Inc. Release Waiver and understand the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, spectator and property as noted in that document and as defined in Sec 895.481E of the Wisconsin Inherent Statutes.

RIDING IS PROHIBITED ON GROUNDS WITHOUT SIGNATURE & DATE. Hard Hat/Horseback Riding Release Waiver It is statistically clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injuries should the rider fall or be thrown from his/her horse. It is therefore the policy of Eau Claire Bit & Spur Foundation, Inc., members and directors, that safety helmets should be worn at all times when riders are mounted. I, _____ (initial) being fully aware of that policy and the reasons for it, choose of my own free will, not to wear a safety riding helmet. In taking this action, I hold Eau Claire Bit & Spur Foundation, Inc., members and directors, and their insurers, free of any liabilities for injuries that I may receive because of my actions and failure to wear a safety riding helmet. ****NOTICE:** A person who is engaged for compensation in the rental of equine equipment or tack or in the instruction of a person riding or driving of an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes. I hereby have entered this Horse Show/Clinic at my own risk, subject to all rules and regulations at this event. I further agree in case of injury or damage to myself, persons, horses, or property, Eau Claire Bit & Spur Foundation, Inc., members and directors are not held responsible and will make no claims against said Eau Claire Bit & Spur Foundation, Inc., members and directors. I also understand that the use of riding helmets is recommended. In addition, the undersigned** assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, spectator, and property. In consideration, therefore, for the privilege of riding, and/or working around horses on the Eau Claire Bit & Spur Foundation, Inc. show grounds, located in Eau Claire, Wisconsin, the undersigned** does hereby agree to hold harmless and indemnify the Eau Claire Bit & Spur Foundation, Inc., their agents, and assignees, and further release them from any liability or responsibility for accident, damage, injury, or illness to the undersigned** or to any horse owned by the undersigned** or to any family members or spectators accompanying the undersigned** on the premises. "Inherent risks of equine activities" shall mean: those dangers or conditions, which are an integral part of equine activities, including, but not limited to: • The propensity of any equine to behave in ways that may result in injury, harm or death to a person(s) on or around them and/or damage to property in their vicinity; • The unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; • Certain hazards such as surface and subsurface objects; • Collisions with other equines, animals, people, and objects; • The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

Print Name of Rider: _____ **Signature of Rider:** _____

Signature of Parent, if rider under 18 years old: _____ **Date:** _____