



Wranglers 2007 Membership

Please Print:

Last Name: _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____ *(Please indicate if you would prefer your newsletter sent via email or snail mail.)*

Please Circle Your Membership Type:

Single Membership \$ 20.00

Family Membership \$ 25.00

Make Checks Payable To: WRANGLERS INC. (\$25.00 fee for NSF)

Mail To: Wranglers Inc. - P.O.BOX 5317 - Central Point, OR 97502

I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, others, horse and property. I KNOWINGLY ASSUME ALL RISKS. I will be responsible for any, and all cost for injuries and/or property damage we may incur/cause and guarantee that we are covered by medical accident insurance. In consideration of my participation in this event, I agree that I will defend, indemnify and hold harmless WRANGLERS INC. and the Jackson County Exposition Park and any agents, or employees thereof of all claims, demands and cause of action including court cost and actual attorney fees, arising from any proceeding or lawsuit brought by or prosecuted for my/our benefit. This agreement is binding on my executors, heirs and assigns. My signature on this form acknowledges that I have read this liability and medical release and know and understand its contents.

Signature: _____ Date: _____

THIS IS FOR YOUR RECORDS

Date: _____ Fees paid by cash _____ Check # _____

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