



www.cmtpa.com

2017 Application for Membership

New member: _____ Renewal: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ E-mail _____

(be sure to print email legibly to receive flyers & notices!)

_____ Individual - \$25 (Deduct \$5 for each banner sponsor obtained by you in 2016; verified by CMTPA BOD)

_____ Family - \$40 - **Fill out Family Members section below**

_____ Day Pass - \$10 - Available for novice clinics only. (Day passes are not available for competition events).

Renewing Members - - Rider Rating for 2016 _____

New Members - - Rider Rating with any other penning club: _____ Assigned CMTPA Rider Rating: _____

Please check the following (New Members only):

<u>Riding ability:</u>	<u>Horse ability:</u>	<u>Riding ability (penning or sorting):</u>	<u>Horse ability (penning or sorting):</u>
Novice _____	Green _____	Novice _____	Green _____
Average _____	Average _____	Average _____	Average _____
Experienced _____	Experienced _____	Experienced _____	Experienced _____
Professional _____	Money-earner _____	Professional _____	Money-earner _____

(Rider rating will be assigned based on ability of the horse and rider, by the CMTPA Board of Directors.)

For Family Membership, list family members :

(Spouse & Children 18 & under. Children over 18 must have own membership):

Spouse _____ Rider Rating: _____

Child _____ Rider Rating: _____

Child _____ Rider Rating: _____

Child _____ Rider Rating: _____

Please send application and check or money order to:

Central Maine Team Penning Association

Secretary—Daina Ashley

295 Bog Road

Albion, Maine 04910

Turn page over to sign the 2017 Release Agreement.



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2017 RELEASE AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge that I participate in Central Maine Team Penning events totally at my own risk for injuries or property damage I or my family may incur and, I acknowledge that I hereby release and hold harmless the sponsor, co-sponsors, their officers, directors, members, affiliated organizations, cattle provider and others acting on its behalf, from any claim, legal liability, legal action or right for damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal at shows, activities or events.

Under Maine law, an equine activity sponsor or professional shall not be liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities.

I, the undersigned, Participant, Parent or Legal Guardian, being of legal age, have read, and understand above agreement and release.

Name of Participant (please print)

Signature of Participant
(must sign for self)

Date

Name of Participant-**Spouse** (please print)

Signature of Participant—**Spouse**
(must sign for self)

Date

For Youth under age of 18:

Name of Participant—Youth (please print)

Name of Participant—Youth (please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date