



Please Print Clearly

Adult Name _____ Adult Name _____

Address _____ Email(s) _____

City _____ State AK Zip _____ Ph _____

- Family Membership (\$75)
- Individual Membership (\$40) 19 & older
- Day Membership (\$20)

Please read & initial each paragraph below, fill in any additional information on page 2, sign & date appropriate sections, and return form with payment to the address above.

Acceptance of Risk and Liability Waiver

_____ Fully understanding that horseback riding, handling and other equine activities are inherently dangerous, I wish to participate, or allow my child to participate, in DFA equine activities. While participating in this high-risk activity, it is recommended that I wear a helmet when mounted and it is required that my child wear a helmet while mounted. **By not wearing or ensuring that my child wears proper safety headgear, I fully accept all responsibilities and consequences for my action or my child's action.** I accept and assume all risk of injury ***including death*** to myself, my child, or my property.

_____ I acknowledge that Ride Managers are not responsible for supervising children. **I agree to not leave my child unattended, and to ensure that my child is supervised at all times by a parent or guardian.**

_____ I consent to medical treatment for emergencies occurring during or related to my or my child's participation in DFA events or ride days, if it appears at the time that I am unable to provide informed consent for such treatment. The provisions of this Acceptance of Risk and Liability Waiver apply to any treatment provided to me, including but not limited to all sections of this Agreement.

_____ In exchange for being permitted to participate in these activities, for my child, myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against the DFA Riding Club, members or Deltana Fair Association for any injury (including death), to me or my child or any damage to my property, arising out of my participation in these dangerous horseback riding or related activities. I agree to abide by the rules of the DFA Riding Club and the Deltana Fair Association.

_____ I acknowledge that this is the entire Agreement of the parties, superseding all prior understandings and agreements. This Agreement may be modified only by a written amendment signed by both parties. I represent and warrant that I have authority to give this release for myself and my child(ren).

Emergency Contact: _____ Phone: _____

Please Print Clearly

Adult Signature: _____ Date: _____

Adult Signature: _____ Date: _____

If children:
Please Print Clearly

Minor's name _____ Birthdate: _____

Minor's name _____ Birthdate: _____

Minor's name _____ Birthdate: _____

Minor's name _____ Birthdate: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian:

I am the parent or legal guardian of the above named minor(s). I have read the Acceptance of Risk and Liability Waiver Agreement (see page 1) in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I have read, fully understand, and agree to the terms and conditions of the Agreement and that it is binding upon my executors, heirs and assigns. I further represent and warrant that I have authority to give this release.

Please Print Clearly

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Deltana Fair Association (DFA) Photo/Modeling Release

(Cross out section below if withholding photo permission)

Deltana Fair Association (DFA) has permission to take and use images and videos of me and my minor child(ren) during DFA-sponsored events for use in its print and/or internet publications or pages, including advertising and/or promoting DFA and its equine activities. I also give DFA permission to use my name in an accompanying caption, if applicable. I agree that such photographs and video are property of DFA and hereby release DFA from any and all claims that may arise from its use of my or my child(ren)'s image. In the case of minor children, I warrant that I have authority to give this release.

Name _____ Date _____

Please Print Clearly

Signature _____

Parent or Guardian signature for minors

DFA use only: Payment Type: _____ Verified by: _____ Date: _____



Deltana Fair Association Privacy Notice



This limited privacy notice covers how we use information that you provide to us on our paper membership form on our website, social media and all other uses.

We do not sell, trade, rent, give away or otherwise retransmit any Personally Identifiable Information we collect. Any Personally Identifiable Information you provide to us will be used for verifying your membership status, and may be displayed to other DFA members on members-only areas of our website / group page in order to verify your membership status and the EIA status(s) of any horses you may bring to DFA sponsored equine activities.

If you have provided a photo / modeling release, we will post or print images with or without captions which may include your name, only on the DFA website, DFA Facebook page / group, or printed DFA promotional materials.

We may be required to provide Personally Identifiable Information in response to court order, subpoena, or government investigation. We also reserve the right to report to law enforcement agencies any activities that we in good faith believe to be unlawful. We may release Personally Identifiable Information when we believe that such release is reasonably necessary to protect the rights, property, and safety of others and ourselves.

Contact Us

Should you have concerns about our use of your information or about this Privacy Statement, please send an e-mail to secretary@deltanafair.com. We will make every reasonable effort to promptly address your concerns and remedy any problems brought to our attention