

Alaska Midnight Sun Shooters Membership Application

Primary Member Contact Information		Membership valid 1/1/2023 - 12/31/2023
Name:	CMSA #	Phone:
Mailing Address:	Email:	
City:	State:	Zip:
Level of Experience: Please circle years of experience		
Horses: 1 2 3 4 5 6 7 8 9 10+	Firearm Handling: 1 2 3 4 5 6 7 8 9 10+	
Emergency Contact Information		
Name:	Phone:	
Spouse Info for Family Membership		
Name:	Phone:	
Level of Experience: Please circle years of experience		
Horses: 1 2 3 4 5 6 7 8 9 10+	Firearm Handling: 1 2 3 4 5 6 7 8 9 10+	
Children Info for Family Membership		
Name	Name:	
Name:	Name:	
Membership Fee		
	Single Membership	\$30
	Family Membership	\$50

Primary Member's Name: _____ Signature: _____ Date: _____
Please Print Clearly

Spouse Member's Name: _____ Signature: _____ Date: _____
Please Print Clearly

Parent/Guardian Name: _____ Signature: _____ Date: _____
Please Print Clearly

Please make all checks payable to Deltana Fair Association & mail to the following address:

Deltana Fair Association
 AMSS
 Po Box 408
 Delta Junction, AK 99737

If needing an online invoice please check box. There will be an additional \$5 secretarial fee added to the transaction.

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

Rider Guidelines and Release of Liability

I accept I am taking a risk and I assume responsibility for my actions. I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and me. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in an event as rider, auditor or spectator.

I release the DFA, DFA Riding Club, AMSS, host facility, sponsors, agents, employees, assistants and volunteers from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this event, I waive, release and discharge the DFA, DFA Riding Club, AMSS and its members, host facility, sponsors, agents, employees, assistants and volunteers, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of participation in this event.

This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, the DFA, DFA Riding Club, AMSS, its members, host facility, sponsors, agents, employees, assistants and volunteers against all claims, demands, and causes of actions, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld.

I acknowledge that I have read this release of liability, know, and understand its contents.

I do hereby give the DFA, DFA Riding Club, AMSS and parties designated by them the irrevocable right to use my name, video image or photograph in all forms of media and in all manners for advertising, display, exhibition and inclusion in commercial products or any other lawful purposes. In addition, I waive my right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also waive the right to any financial recompense for the use of my voice, physical image and participation in this event.

I understand that I am participating in a sport, which contains dangers, and risks may arise, including, but not limited to, accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association® and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders, or employees from any and all such claims and indemnify, from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. I agree my likeness may appear in the CMSA Rundown newspaper and other publications. I further agree to support and enforce CMSA Rules as stated in the CMSA Rule Book. This Solidarity Agreement binds all CMSA Cardholders to enforce CMSA Rules and assure our competition cardholders they will play the same game coast-to-coast when they travel for CMSA competitions.

- **I have read, understand and agree to participate within the above Rider Guidelines and Release of Liability.**

Primary Member's Name: _____ Signature: _____ Date: _____
Please Print Clearly

Spouse Member's Name: _____ Signature: _____ Date: _____
Please Print Clearly

Parent/Guardian Name: _____ Signature: _____ Date: _____
Please Print Clearly