

LOWCOUNTRY SADDLE CLUB

Charleston Area's Friendly Trail Riding Club

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell Phone: _____ Pager: _____

EMAIL: _____

RELEASE

I understand and agree that the Lowcountry Saddle Club (LCSC) shall not be liable or responsible for damage to Property or any injury to persons, including myself, or to any horses during any LCSC activities, even where the damage or injury is caused by negligence (except willful negligence). I understand and agree that all LCSC members and their guests participate voluntarily and are fully aware of all the risks inherent in equine activities. I release and hold the LCSC harmless for any injury or loss to my person or property, or to that of my or any horses, which may result therefrom. I understand that this means that I agree not to sue the LCSC for any injury resulting to myself, my property, or my horse or horses, in connection with the LCSC and LCSC activities.

WARNING: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9, of Title 47, Code of Laws of South Carolina, 1976.

Member Signature: _____ Date: _____

Names of Family Members: _____

Membership Dues: Family \$25 _____ Individual \$20 _____ (Check One) TOTAL: _____

Check # _____ Cash \$ _____

PLEASE MAKE CHECKS PAYABLE TO LOWCOUNTRY SADDLE CLUB. CHECKS SHOULD BE MAILED TO P. O. BOX 445, JOHNS ISLAND, SC 29457-0445.