



Bay State Bandits

123 Seekonk Street

Norfolk, Ma 02056

617-930-9004

BayStateBanditsCMSA@gmail.com

Name _____

Address _____ City _____

State _____ Zip _____ Date of Birth _____

Home Phone(_____) _____ Cell Phone(_____) _____

Email _____ CMSA # _____ CMSA Class _____

Membership is good for the CMSA calendar year starting after CMSA Worlds in October.

Bay State Bandits Annual Membership (please circle)

\$10 Non-Rider/Supporter \$25 Individual \$40 Family (Living under same roof)

CMSA Annual Membership is additional and required for CMSA events (please circle)

\$100 Family \$70 Individual

CMSA Associate Membership

\$35**** Required for Introduction to Mounted Shooting Clinic

Family Members: (Full Name, DOB, CMSA #, CMSA Level)

Signature _____ **Date** _____

Points start once annual memberships are paid in full

Checks are to be made out to Bay State Bandits and mailed to the above address

Paypal @BaySateBandits Venmo @Bay-State-Bandits

**EQUINE ACTIVITY RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU, AND/OR YOUR CHILD, HEIRS AND ASSIGNS (HEREINAFTER "RELEASORS" OR THE "UNDERSIGNED") ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE FOR ANY REASON INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE BAY STATE BANDIT'S OFFICERS, THE BOARD OF DIRECTORS, THEIR HEIRS AND ASSIGNS, THE CLINICIAN, THE STABLE, THE PROPERTY OWNERS, EMPLOYEES, AND AGENTS (HEREINAFTER "RELEASEES").

I _____ (hereinafter the "Undersigned") reside at

Address State Zip Code

Phone Number

Email Address*

*By providing my email address I agree to receive promotional emails or updates from the Bay State Bandits.

NOW, in consideration for allowing me, or my minor child, to participate in equine activities and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, THE UNDERSIGNED HEREBY:

Initial next to each as you have read them to indicate your full acceptance and understanding of each provision.

_____ 1. I, the Undersigned, acknowledge that an equine may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break, guns and/or ammunition may malfunction - all of which may cause the rider to fall or be jolted resulting in serious injury or death to the Undersigned or any person within close proximity of an equine.

_____ 2. I, THE UNDERSIGNED, ACKNOWLEDGE THAT HORSEBACK RIDING, THE HANDLING OF AN EQUINE OR BEING IN CLOSE PROXIMITY TO AN EQUINE IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, ESPECIALLY WHEN COMBINING EQUINE ACTIVITIES WITH GUNFIRE, BECAUSE OF THE UNPREDICTABLE NATURE AND IRRATIONAL BEHAVIOR OF EQUINES, REGARDLESS OF THEIR TRAINING OR PAST PERFORMANCE.

_____ 3. I, the Undersigned, agree that I have read and fully understand the following language of the Massachusetts Equine Activity Liability Statute: "Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws."

_____ 4. I voluntarily assume the risk and danger of injury or death inherent in the handling or riding of an equine or being in close proximity to an equine or on the premises of the stable or the failure to wear a protective helmet when riding or handling an equine, and the use of any gear or equipment including but not limited to guns, ammunition, or holsters provided to me by the Releasees. I VOLUNTARILY RELEASE, DISCHARGE, INDEMNIFY, SAVE, HOLD HARMLESS AND PROMISE NOT TO SUE THE RELEASEES for any loss, damage, injury (including death) or cost to me and/or my child, arising from the handling or riding of an equine or being in close proximity to an equine or on the

premises of the stable or the failure to wear a protective helmet when riding an equine, and the use of guns, ammunition, holsters, or any other equipment or gear provided by Releasees.

_____ 5. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, indemnity agreement, and hold harmless agreement is governed by laws of the Commonwealth of Massachusetts and is intended to be as broad and inclusive as is permitted by Massachusetts Law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

_____ 6. I, the Undersigned, acknowledge that this document is a contract and agree that if a lawsuit is filed against the Releasees for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by Releasees in defending such an action. I further agree that Massachusetts shall be the forum for all litigation arising from me and/or my child's participation.

_____ 7. ALL RIDERS ARE STRONGLY ENCOURAGED TO WEAR AN ASTM/SEI CERTIFIED PROTECTIVE HELMET. IT IS MY UNDERSTANDING THAT SAID HELMET IS NOT GUARANTEED TO BE EFFECTIVE AND MAY FAIL IN THE EVENT OF AN FALL OR OTHER OCCURRENCE, CAUSING SEVERE INJURY OR DEATH. ALL RIDERS ARE REQUIRED TO PROVIDE THEIR OWN ASTM/FEI APPROVED HORSEBACK RIDING HELMET. ALL RIDERS UNDER THE AGE OF 18 ARE REQUIRED TO WEAR AN ASTM/FEI APPROVED HORSEBACK RIDING HELMET AT ALL TIMES WHILE MOUNTED.

_____ 8. I certify that me and/or my child are in good physical health and suffer from no medical or mental condition that would affect me and/or my child's ability to control or ride an equine while using a firearm. I further certify that me and/or my child possess a competent level of horseback riding skill and are participating on an equine that me or my child is familiar with, and further understand that any equine may exhibit abnormal and potentially harmful behavior in the presence of gunfire.

_____ 9. I certify that me and/or my child are legally and physically able to handle a firearm and have not been prohibited from doing so by any court, legal entity, police force or other government organization or entity, or medical or mental health professional.

I have read this document in its entirety. I understand its provisions and voluntarily agree to its stated terms. I have concluded that the risks involved in participating in equine activities is worth the pleasure of the equine experience and acknowledge that the same is valuable consideration for this EQUINE ACTIVITY RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I agree that Release shall be in full force and effect for any activity me or my child participates in with the Releasees for a period of twelve months following my consent or during any period during which I am a member of the Bay State Bandits or the CMSA. .

Signature	Print Name	Date
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Legal Guardian Signature (if signing on behalf of a minor)	Print Name	Date
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Medical Release

I hereby authorize the BAY STATE BANDITS and its agents or operators to provide first aid and access to medical treatment to me and/or my child if necessary and agree that I am solely responsible for all associated costs. I further certify that I understand that there are no medical professionals on the premises should I become ill or injured.

Print Name	Signature	Date
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Emergency Contact Name	Phone Number	Relationship to Rider
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Photography Release

I allow my own/my child's picture and/or video to be taken and published to the BAY STATE BANDITS social media pages and/or website at the discretion of its Officers.

Signature: _____

Print Name: _____

Date: _____