

Tombstone Ghost Riders Membership Application

(Please Print Clearly)

Date: _____

Name: _____ CMSA #: _____

Primary Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse/Significant Other

Name: _____ CMSA #: _____

Primary Phone: _____ Email: _____

Dependent(s)

Name: _____ CMSA #: _____

Primary Phone: _____ Email: _____

Name: _____ CMSA #: _____

Primary Phone: _____ Email: _____

Single TGR Membership: \$35

Family TGR Membership: \$60

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 my by the Tombstone Ghost Riders and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his/her own expense, defend management and/or all sponsors, their members, 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.

WARNING UNDER ARIZONA LAW

A signed release acknowledges that the person is aware of the inherent risks associated with equine activities, is willing and able to accept full responsibilities for his/her own safety and welfare and releases the equine owner or agent from liability unless the equine owner or agent is grossly negligent or commits willful, wanton or intentional acts of omissions.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Mail Application and Checks to: Tombstone Ghost Riders
Nell Kline, P.O. Box 1483, Bisbee, Az 85603
Phone 520-241-5252