

Kittitas County Barrel Racers

Membership Form 2025

Membership dues: \$60 per member including 1 horse. \$20 for each additional family member including 1 horse. \$25 for each additional horse. Parents of a peewee member must be a member. Non-riding parents' membership fee is \$50 plus the peewee membership of \$10.

Please print clearly. All correspondence is done through Email/Website/FB page

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Classes: Open 3D, **\$500 Novice- Please fill out attached form if nominating horse(s)**, Youth 11-15, Peewee 10-under barrel/poles, Open Poles

Are you a 2025 officer? Yes/No

1. All KCBR elected officers who serve their full term will be given a membership to the club for the term of their position and not be required to pay for the membership. All KCBR elected officers will receive one free banquet ticket for the awards banquet.

Fees	Total
Single Membership includes 1 horse: \$60 1st Year Member? Yes/No	
Additional Horse(s): _____ x \$25	
Non Riding Peewee Parent: \$50	
Additional Members Age 11-18 includes 1 horse: _____ x \$20	
Additional Members Name(s): _____ 1st Year Member? Yes/No _____ 1st Year Member? Yes/No _____ 1st Year Member? Yes/No _____ 1st Year Member? Yes/No	
Additional Horse(s): _____ x \$25	
PeeWee Membership 10-Under _____ x \$10	
Additional Peewee Members Name(s): _____ 1st Year Member? Yes/No _____ 1st Year Member? Yes/No _____ 1st Year Member? Yes/No	
Grand Total	

Office Use: Date Paid: _____ Check/Cash **Please see back side for Release of Liability**



Kittitas County Barrel Racers
Participant Release Waiver
Please Read Carefully Before Signing
Event Sponsors and Club Administrators Do Not Assure Your
Safety

Please Initial - a parent or legal guardian must initial if the participant is under the age of 18

_____ I acknowledge that I, the participant or Legal Guardian, will be responsible for any & all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligence acts of my family members and/or legal wards and animals, and I, The Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

_____ I acknowledge that I, The Participant or Legal Guardian, should purchase and wear ASTM-standard/SEI-certified equestrian helmets while participating in equine activities as it may reduce the severity of some of the participant's head injuries in the event of a fall or other related accident.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and, I acknowledge that I, The Participant, Parent or Legal Guardian, entailed, hereby release and hold harmless the sponsor, co-sponsor, their owners, their officers, directors, members, affiliate organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal at this show, activity and/or event.

_____ I acknowledge that as a member of the Kittitas County Barrel Racing Club, I must conduct myself and any participant that I have legal/parent responsibilities in a way that is conducive to a positive image for the club, the sport of barrel racing and the livestock industry. Any abuse towards livestock/animals, any unsportsmanlike conduct, any NSF checks, or outstanding/unpaid fees may cause for the KCBR Officers/ Board of Directors to revoke my membership in the Kittitas County Barrel Racing Club.

_____ I understand that I must enter and run at 5 out of 9 races and must work 3 races and attend 2 meetings in order to qualify for awards.

The undersigned, Participant, Parent or Legal Guardian, being of legal age, have read, understood and initialed the above agreement and release.

_____ Name of Participant	_____ Signature of Participant	_____ Date
_____ Name of Parent if Participant Under 18	_____ Signature of Parent if Participant Under 18	_____ Date

Mail to KCBR Secretary: Lexxie Dugan 525 Double Creek Lane Ellensburg, WA 98926

Member's Information

This information helps the awards committee when purchasing awards. Please fill out and attach it to membership form. -Thank you!

First and Last Name: _____

Shirt Size: _____ Coat Size: _____

Horse Blanket Size: _____ Favioret Color: _____

First and Last Name: _____

Shirt Size: _____ Coat Size: _____

Horse Blanket Size: _____ Favioret Color: _____

First and Last Name: _____

Shirt Size: _____ Coat Size: _____

Horse Blanket Size: _____ Favioret Color: _____

First and Last Name: _____

Shirt Size: _____ Coat Size: _____

Horse Blanket Size: _____ Favioret Color: _____

First and Last Name: _____

Shirt Size: _____ Coat Size: _____

Horse Blanket Size: _____ Favioret Color: _____

KCBR 2025 \$500 Novice Nomination Form

Rules:

1. \$500 Novice class is based on horses' lifetime money earned and starts on January 1, 2025.
2. \$500 Novice class will be based on horse / rider combination.
3. A knocked over barrel will result in a (5) second penalty.

Riders Name: _____

Horses Name: _____ LifeTime Earnings \$_____

Riders Name: _____

Horses Name: _____ LifeTime Earnings \$_____

Riders Name: _____

Horses Name: _____ LifeTime Earnings \$_____

Riders Name: _____

Horses Name: _____ LifeTime Earnings \$_____