

RIVER VALLEY EQUESTRIAN CLUB  
**MEMBERSHIP APPLICATION FORM**  
**2010**

Please tick the appropriate membership type:            Family     Single

Are you applying for a membership renewal:  or a new Membership:

Name(s)	
Address:	
Email:	
Phone:	
Emergency Contact:	

Horse Owners:

Are you an NSEF Member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Membership #:
If not an NSEF Member, provide company name of Equine Liability Insurance provider:	Name & Policy #:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian for applicants under 18 years of age)

**Important Note:** *When becoming a member you are agreeing to allow photos of yourself and other under your membership that are taken during events to be used for various things including promotional materials/web site for the Club.*

**MEMBER ACKNOWLEDGMENT**

**HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITIES IS DANGEROUS**

In consideration for being permitted to participate in any way in horse riding activities I/We, the undersigned, understand, acknowledge and accept that horse riding and participation in horse related activities is/are dangerous recreational activities and horses can act in a sudden and unpredictable way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.

I/We voluntarily **PARTICIPATE** at my/our **OWN RISK** and assume sole responsibility for any injury, death or property damage I/We may suffer that arises from my participating in horse related activities.

I/We agree to abide by the rules and policies of the River Valley Equestrian Club/affiliates/management/organizers and that I/We will follow all directions of the management/organizers, and I/We understand that any such non compliance may result in

injury, death and/or permanent disability.

I/We am solely responsible for ensuring that I/We wear a suitable helmet correctly when required and take sole responsibility for my actions.

I/We further confirm I/We am/are in good health and do not suffer from any disability which will affect my ability to participate. I/We have had sufficient opportunity to read this document, full understand its terms and sign it freely and voluntarily without inducement of any kind.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_