

RIVER VALLEY EQUESTRIAN CLUB
MEMBERSHIP APPLICATION FORM
2012

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: _____