



# Snoqualmie Valley Riding Club

13121 415<sup>th</sup> Way SE North Bend, WA 98045

[www.snovalleyridingclub.org](http://www.snovalleyridingclub.org)

## Membership Application

Mail Applications: Snoqualmie Valley Riding Club

PO Box 1504, Snoqualmie WA 98065

\$45 for Single     \$50 for Family

\$15.00 tractor donation (Additional donations appreciated for club expenses)

Applicant Name (print): \_\_\_\_\_ Birth Date: \_\_\_\_\_

If Family Membership:

Other Adult: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  Check if you do not wish to receive email from SVRC

**Volunteer positions:** (SVRC can't provide activities without member participation, a minimum of 6 hours, 1 point per hour, volunteer time required to receive SVRC year end awards and prizes. Please check activities that you can help with. \*Volunteer points also receive awards and prizes at year end.

- Gaming Shows  Play days  Horse Shows  Kitchen  Parades  Clinics  Clean up  Clubhouse  Grounds care  Committees  Trail Rides  Fund Raising
- Parties and Banquets  Other \_\_\_\_\_

**Riding Interests, check all that apply:**  Gaming events  Barrels  Drill  Fun Shows  
 Clinics  Western  English, Dressage  Trail Rides  Parades  Training  Arena use  
 Other \_\_\_\_\_

### Medical Consent

I hereby consent to any medical treatment deemed advisable in an emergency. The undersigned shall pay for all fees for doctors, hospitals, ambulances, and other medical charges reasonable and necessarily incurred. This also includes fees for emergency veterinary care.

Emergency Contact Name and Telephone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Identification Number: \_\_\_\_\_

I. Officers and members of the SVRC will not be held responsible for accidents, illness, theft, or fire. This includes loss to the persons, animals, equipment or other belongings of any individuals, clubs, or groups using the facilities, or any persons visiting or observing.

II. Members specifically releases and agrees to hold SVRC fully harmless from all damages, claims, suits and actions of any nature for damages, deterioration, sickness, injury, or death of a horse(s) or member(s), of any of his guests or invitees occurring or resulting from occurrences on the premises.

III. Members specifically agree to indemnify SVRC from all damages, claims, suits and actions of any nature arising out of injuries or death to a third person as a result of the actions of the member or as a result of the actions of any horse(s) of the member while on the SVRC premises.

I, \_\_\_\_\_, (applicant name on front) hereby make application for membership in the **Snoqualmie Valley Riding Club** for the year, \_\_\_\_\_. I absolve the **Snoqualmie Valley Riding Club** of any and all responsibility for any accident to person or property that may occur.

Members of legal age (18 and over) are required to print and sign their full names.

Name print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Board Approval Date: \_\_\_\_\_

Revised 10-24-08