Antelope Valley Desert Riders

MEMBERSHIP APPLICATION

DATE: _____ Check One: ____ Annual: $30.00 *OR*
____ One Month: $5.00, Month of_____

NAME _____BIRTHDATE_____

ADDRESS_____

CITY _____STATE_____ZIPCODE_____

AREA CODE & PHONE # _____CELL PHONE #_____

Email address_____ CGA#_____

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF MEMBERSHIP AS SET FOR THE BY ANTELOPE VALLEY DESERT RIDERS. I, OR WE, THE UNDERSIGNED DO HEREBY RELEASE ANTELOPE VALLEY DESERT RIDERS, AND/OR OFFICERS OF ANTELOPE VALLEY DESERT RIDERS, AND ALL MEMBERS FROM ALL AND EVERY CLAIM FOR DAMAGES WHICH MAY OCCUR TO ME, MY HEIRS, REPRESENTATIVES, DEPENDANTS, OR PROPERTY AT ANY TIME HEREAFTER BY REASON OF ANY INJURY, LOSS OR DEFAULT WHATSOEVER AND I HEREBY ASSUME AND ACCEPT THE FULL RESPONSIBILITY OF DANGER OF BEING HURT, INJURY OR DAMAGE WHICH MAY OCCUR IN THE EXIBITIONS, SPORTS AND CONTESTS HELD BY ANTELOPE VALLEY DESERT RIDERS. I ALSO ASSUME AND ACCEPT FULL RESPONISIBILITY FOR ANY DAMAGES DONE BY ME OR MY HORSE WHILE SHOWING OR PARTICIPATING ANY AND GYMKHANA OR HORSE SHOW EVENTS.

THIS RELEASE REMAINS VALID UNTIL REVOKED IN WRITING

Signature (parent or guardian if minor)_____

FAMILY MEMBERS (ALL & CGA #'s if have) ***Please Print also)***	**BIRTHDATES**	**SIGNATURE (ALL adults must sign)** ***MUST HAVE SIGNATURE (parent or guardian***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT

NAME: _____PHONE#_____

***MAKE CHECKS PAYABLE TO:* Antelope Valley Desert Riders**
Individual or Family Annual Membership $30.00 or One Month $5.00

(OFFICE USE ONLY)

Amount: _____CHECK#_____ CASH _____ Sign Up Volunteer Initials_____