



# Williamsport Riding Club Membership Application

Member Name: \_\_\_\_\_ Age (as of January 1<sup>st</sup>): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Effective from January 1<sup>st</sup> through December 31<sup>st</sup>

Membership Type:  Individual (\$20)  Family (\$30)

For family memberships, please list all members and ages below- parent(s) or legal guardians and minor children in the same household. Note: All 18 year olds must have an individual membership regardless of address.

Name: \_\_\_\_\_

Age as of Jan 1<sup>st</sup>: \_\_\_\_\_

## Membership Benefits

- ❖ All members have access to the arenas for schooling when shows/activities are not scheduled. Please note, anyone coming onto the grounds when an event is not being held must be a member.
- ❖ All members are exempt from the grounds fee at WRC sponsored shows.
- ❖ Members are encouraged to attend monthly meetings, held the third Monday of the month at 6pm. For location, please see our Facebook page. Please contact the president if you have an item for the agenda.
- ❖ All members accumulate points towards the WRC Member Year End Awards. In order to be eligible for these awards, each member must complete at least 3 hours of volunteer work.
  - Hours must be completed by September 1<sup>st</sup>
  - In order to be eligible for year-end awards, you are responsible for making sure your hours are logged in the office.

I understand that neither the Williamsport Riding Club, its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators or any other person or property in connection with this competition. I hereby expressly agree for myself and my principals, representatives, employees and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; and (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold the WRC, its officers, board of directors, show committee, and competition judges, harmless for any action taken. I am fully aware that horse sports, and this competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release the WRC, its officers, directors, show committee and competition judges, from and against all claims including any injury or loss suffered during or in conjunction with the Competition. I agree to indemnify and hold harmless the WRC its officers, directors, competition judges, from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this competition.

Signature (parent/guardian if under 18): \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to **WRC**  
Membership applications can be mailed to:  
Attn: Membership Chair  
2012 Poco Farm Rd.  
Williamsport, PA 17701

<b>OFFICE USE ONLY</b>	
Date Received: _____	Approved _____
Received By: _____	Denied _____
Paid Check # _____ / Cash	Date _____