

2017



# Membership Application

Membership # \_\_\_\_\_

## General Information

Youth Membership \$25 \_\_\_\_\_ Individual \$50 \_\_\_\_\_ Couple (2) \$80 \_\_\_\_\_ Family (3+) \$125 \_\_\_\_\_

All memberships expire on the current event year-end date of November 1, 2016

**Make checks payable and mail to:**

**Western States Versatility Ranch Horse Association or WSVRHA  
653 W Fir Street, Camp Verde, AZ 86322, Telephone (928) 853-6183.**

**PLEASE PRINT**

## Membership Information

|  |                   |                   |                |            |
|--|-------------------|-------------------|----------------|------------|
| Member Name  |                   | Renewal #         | New Member     |            |
| Name of Ranch, Business Etc..  |                   |                   |                |            |
| Address  |                   | City              | State/Zip      |            |
| Best Contact Phone   |                   | DOB               |                |            |
| Email: Yes ___ I want Email Newsletters & Updates (No Thank you ___) |                   |                   |                |            |
| Novice Am. _____   | Limited Am. _____ | Interm. Am. _____ | Adv. Am. _____ | Open _____ |

## Spouse Information

|                               |                   |                   |                |            |
|-------------------------------|-------------------|-------------------|----------------|------------|
| Spouse Name                   |                   | Email             |                |            |
| Best Contact Phone            |                   | DOB               |                |            |
| Emergency Contact and Phone # |                   |                   |                |            |
| Novice Am. _____              | Limited Am. _____ | Interm. Am. _____ | Adv. Am. _____ | Open _____ |

## Other Family Members

|                |     |              |      |
|----------------|-----|--------------|------|
| Family Member: | DOB | Relationship | Div: |
| Family Member: | DOB | Relationship | Div. |
| Family Member: | DOB | Relationship | Div. |

## Liability and Consent Release

**Release:** Under Arizona Law, an equine professional is not liable for injury to or death of a participant in equine activities resulting for the inherent risks of equine activities, pursuant to Arizona Revised Statutes, Title 12, Chapter 5, Article 3. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved with this event. I/We hereby release WSVRHA, AzVRHA, GSVRHA and any other involved organizations and its members, officers, and employees from any loss to myself, employees, agents, horses and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made a part of this entry agreement. In addition, the general understanding of any "publication, video, and internet consent and release agreement" is incorporated in this release including: no monetary considerations, photo, video or verbal statements may be used now and in the subsequent years as the program deems fit; is binding upon heirs and/or future legal representatives.

## NOVICE/INTERMEDIATE AMATEUR Eligibility Questionnaire

I have read and understand the WSVRHA Handbook and Amateur definitions, rules and exemptions and will abide by them. I understand that the full responsibility concerning my eligibility rests solely on me. WSVRHA, its officers, directors & employees are not held responsible for the burden of proof for my eligibility. I also understand that if there is a change in my status or eligibility that I must inform the WSVRHA within 30 days of that change. I understand that my Amateur eligibility application will be reviewed by the Amateur Committee and the WSVRHA Board of Directors and their decisions shall be final.

**Each Amateur member must complete, sign and include the AMATEUR Eligibility Questionnaire for a completed Amateur membership application. You will be considered an Open rider with out a completed questionnaire (One for each member listed on this application)**

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

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

|                      |
|----------------------|
| Date Rec'd _____     |
| Payment _____        |
| Date Processed _____ |