

ROSLYN RIDERS MEMBERSHIP APPLICATION

January 1 through December 31

NAME _____ NAME _____

MAILING ADDRESS _____

Home Phone Number _____ Cell Phone Number _____

CHILDRENS' NAMES AND AGES (UNDER THE AGE OF 18)

The information on this membership form will be shared with the Roslyn Riders members and will not be divulged to any other person or organization without the permission of the applicant.

FAMILY MEMBERSHIP - \$40. 00 PER YEAR /INDIVIDUAL MEMBERSHIP - \$25.00 PER YEAR
ADDITIONAL DONATION ENCLOSED _____ (NOT REQUIRED)

RECOGNIZING THE FACT THAT THERE IS ALWAYS POTENTIAL FOR AN ACCIDENT WHEREVER HORSE USE IS INVOLVED, WHICH CAN CAUSE INJURY TO RIDERS AND SPECTATORS, AND HORSES; AND ALSO RECOGNIZING THE FACT THAT THE ROSLYN RIDERS OFFICERS OR MEMBERS CANNOT ALWAYS KNOW THE EXACT CONDITIONS OF THE ARENA OR GROUNDS, OR THE EXPERIENCE LEVEL OF RIDERS OR HORSES TAKING PART IN ANY ROSLYN RIDERS ACTIVITY: I HEREBY RELEASE THE ROSLYN RIDERS OR ANYONE INVOLVED WITH THE MANAGEMENT OF THE CLUB OR PROPERTY FOR ANY RESPONSIBILITY FOR AN INJURY OR LOSS TO ANY PARTICIPANT, SPECTATOR, ANIMAL OR PERSONAL PEOPERTY WHICH MAY OCCUR TO ME, MY MINOR CHILDREN, OR HORSES AT ANY EVENT. **ANY PERSON RIDING A HORSE SHOULD WEAR PROTECTIVE HEAD GEAR. ANY ADULT CHOOSING NOT TO DO SO, OR PARENT OF A CHILD WHO ALLOWS THEIR CHILD TO RIDE WITHOUT PROTECTOVE HEAD GEAR, ASSUMES ALL RISKS WHICH MAY RESULT FROM THEIR DECISION, INCLUDING INJURY OR DEATH.**
WARNING –UNDER WASHINGTON STATE LAW, AN EQUINE PROFESSIONAL OR EQUINE SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO RCW 4.24.540

ALL MEMBERS ARE ADVISED AND ENCOURAGED TO CARRY THEIR OWN PERSONAL LIABILITY INSURANCE AND ACCIDENT MEDICAL INSURANCE. ROSLYN RIDERS DOES NOT INSURE CLUB MEMBERS FOR BODILY INJURY, ACCIDENT, PERSONAL LIABILITY, OR ANY OTHER TYPE OF OCCURRENCE AT ALL.

SIGNATURE AND DATE REQUIRED FOR EACH ADULT FAMILY MEMBER:

(ANYONE OVER THE AGE OF 18 IS CONSIDERED AN ADULT)

RETURN FORM TO THE CLUB MEETING. WE ENCOURAGE APPLICANTS TO BRING THIS FORM TO A MEETING IN PERSON!
REGULAR MEETINGS ARE SCHEDULED THE FIRST THURSDAY OF EACH MONTH AT 7PM AT THE CLUBHOUSE AT THE
CORNER OF
MARTIN ROAD AND HWY.903 IN SOUTH ROSLYN. RENEWALS CAN BE MAILED TO P O BOX 73, ROSLYN, WA 98941