

# **FORT DALLES RIDERS**

1023 Irvine Street, P.O. Box 491, The Dalles, Oregon 97058

## **2022 Membership Application**

Please complete the form and mail it, along with your check in the amount of \$50, made payable to **Fort Dalles Riders** to: PO Box 491, The Dalles OR 97058

**Member Name(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
Jr. Member's Name \_\_\_\_\_ **Age** \_\_\_\_\_  
Jr. Member's Name \_\_\_\_\_ **Age** \_\_\_\_\_  
Jr. Member's Name \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cellular** \_\_\_\_\_ **E-mail** \_\_\_\_\_

As a Riding/Social member, I understand and authorize above information to be included on Membership List which may be circulated to members, unless notifying Secretary otherwise. I understand, have read and will follow the Grounds & Arena Rules.

### **The Fort Dalles Riders Waiver of Responsibility:**

In consideration of the acceptance of my participation in any club sponsored or other activity, I, for myself, my heirs, executors, administrators, and assigns, do waive, release and discharge any and all rights and claims or damages against the Fort Dalles Riders, any or all of its participating sponsors, supporters, Officers and Directors, members and agents of such parties for all claims of damages, demands, or actions whatsoever in any manner arising or resulting from my participation in said event or activity.

I attest and verify that I have read the above, have full knowledge of the risks involved in these activities, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of accident, illness or other incapacity, as well as those of my horse(s) or other property.

Member/Participant Signature \_\_\_\_\_ **Date** \_\_\_\_\_

Member/Participant Signature \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian Signature of Applicant(s) under age 18 \_\_\_\_\_ **Date** \_\_\_\_\_

Family/Individual Membership \$50      Amount Enclosed \$ \_\_\_\_\_      Ck# \_\_\_\_\_      Cash \_\_\_\_\_  
Classification: ( ) Riding/Social; ( ) Social-Limited (non-voting)      Receipt # \_\_\_\_\_

Membership dues shall be paid upon application and are renewable annually on January 1 or shortly thereafter. By signature above, I/we agree that as a member of the Fort Dalles Riders, I/we will abide by all Club Rules, Regulations and Bylaws. Junior Riders membership (under age 18) while unable to have voting privileges, will have all other rights and responsibilities. Only Riding/Social Membership in the Fort Dalles Riders entitles up to 2 household members over the age of 18 to vote, hold office and to receive the official Fort Dalles Riders publication, The Fence Rider, published periodically, at the editor's discretion.