



Individual Riding Program

Membership Participation Agreement

November 2024-February 2025

PLEASE KEEP YOUR RECEIPT FOR VERIFICATION PURPOSES.

Check mark each box below.

- I understand that this agreement will be in effect for the entire November 2024-February 2025 season.
- I understand that I must purchase a monthly Membership Pass for each month I wish to participate.
- I have been provided a copy of the “Individuals Riding (Open Riding) Winter Program RULES & REGULATIONS” and accept and agree to abide by all Rules & Regulations for the Program. Further, I understand that my failure to abide by these Rules & Regulations may result in the revocation of my membership without refund.
- I have read and understood the terms and conditions of the Equine Activity Release and Hold Harmless Agreement provided to me and have returned a signed original with this Participant Agreement.

The license plate number for my trailer: _____

As indicated by the check marks above, I have read this agreement and accept all terms included herein.

Participant Signature

Printed Name

Date

Address, City, State, Zip Code

Email

Phone Number

If the participant is under age 18, both the Participant and Parent/Guardian must sign.

Parent/Guardian Signature

Printed Name

Date

Email

Phone Number