



# Individual Riding Program

## Membership Participation Agreement

November 2025-February 2026

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