

# Antelope Valley Desert Riders

## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_ Check One: \_\_\_\_\_ Annual: \$30.00 OR  
\_\_\_\_\_ One Month: \$5.00, Month of \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

AREA CODE & PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

Email address \_\_\_\_\_ CGA# \_\_\_\_\_

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS OF MEMBERSHIP AS SET FORTH BY ANTELOPE VALLEY DESERT RIDERS. I, OR WE, THE UNDERSIGNED DO HEREBY RELEASE ANTELOPE VALLEY DESERT RIDERS, AND/OR OFFICERS OF ANTELOPE VALLEY DESERT RIDERS, AND ALL MEMBERS FROM ALL AND EVERY CLAIM FOR DAMAGES WHICH MAY OCCUR TO ME, MY HEIRS, REPRESENTATIVES, DEPENDANTS, OR PROPERTY AT ANY TIME HEREAFTER BY REASON OF ANY INJURY, LOSS OR DEFAULT WHATSOEVER AND I HEREBY ASSUME AND ACCEPT THE FULL RESPONSIBILITY OF DANGER OF BEING HURT, INJURY OR DAMAGE WHICH MAY OCCUR IN THE EXIBITIONS, SPORTS AND CONTESTS HELD BY ANTELOPE VALLEY DESERT RIDERS. I ALSO ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGES DONE BY ME OR MY HORSE WHILE SHOWING OR PARTICIPATING IN ANY GYMKHANA OR HORSE SHOW EVENTS. THIS RELEASE REMAINS VALID UNTIL REVOKED IN WRITING.

Signature (parent or guardian if minor) \_\_\_\_\_

**FAMILY MEMBERS (ALL & CGA #'s if have)      BIRTHDATES      SIGNATURE (ALL adults must sign)**  
*Please Print MUST HAVE SIGNATURE (parent or guardian also)*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: Antelope Valley Desert Riders**  
**Individual or Family Annual Membership \$30.00 or One Month \$5.00**

(OFFICE USE ONLY)

Amount: \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ Sign Up Volunteer Initials \_\_\_\_\_