



SHILO RIDING CLUB 2020 Membership Application

Membership Fees: Individual ____\$15 Family ____\$30

PLEASE PRINT CLEARLY

Member Name _____

Birth date (day/month/year) _____

Address _____

City _____ **Prov.** _____ **Postal Code** _____

Phone# _____ **E-mail** _____

Family Memberships: Up to 2 adults and any dependent children under 18. Additional family members 18 and over will require separate memberships.

Family member's name

Birth date (d/m/y)

_____	_____
_____	_____
_____	_____
_____	_____

Insurance Information: We need to see your insurance at the first event you attend.

Insurance Company: _____

Policy #: _____

Release: I agree to comply with all the rules and regulations of the SHILO RIDING CLUB. In consideration of the acceptance of my membership application, I, the undersigned, hereby release and discharge the SHILO RIDING CLUB, its officers or servants, from any action, claims or demands which I might have for any accident, injury or damage sustained as a result of my participation in the activities of the Club. I acknowledge that my participation is voluntary and strictly at my own risk.

Applicant's Signature (**Parent/Legal Guardian if under 18**) _____

Date: _____