



Membership # \_\_\_\_\_

**Membership Application and General Information**

Youth Membership \$25\_\_\_\_\_ Individual \$50\_\_\_\_\_ Couple (2) \$80\_\_\_\_\_ Family (3+) \$125\_\_\_\_\_

All memberships expire on the current event year-end date of November 1, 2015

**Make checks payable and mail to:**  
**Western States Versatility Ranch Horse Association or WSVRHA**  
**653 W Fir Street, Camp Verde, AZ 86322, Telephone (928) 853-6183.**

**Membership Information**

Member Name		Renewal #	New Member	
Name of Ranch, Business Etc..				
Address		City	State/Zip	
Best Contact Phone		DOB		
Emergency Contact and Phone #			Email	
Novice Am. _____	Limited Am. _____	Interm. Am. _____	Adv. Am. _____	Open _____

**Spouse Information**

Spouse Name		Email		
Best Contact Phone		DOB		
Emergency Contact and Phone #				
Novice Am. _____	Limited Am. _____	Interm. Am. _____	Adv. Am. _____	Open _____

**Other Family Members**

Family Member:	DOB	Relationship	Div:
Family Member:	DOB	Relationship	Div.
Family Member:	DOB	Relationship	Div.

**Liability and Consent Release**

**Release:** Under Arizona Law, an equine professional is not liable for injury to or death of a participant in equine activities resulting for the inherent risks of equine activities, pursuant to Arizona Revised Statutes, Title 12, Chapter 5, Article 3. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging and rules of the respective organizations involved with this event. I/We hereby release WSVRHA, AzVRHA, GSVRHA and any other involved organizations and its members, officers, and employees from any loss to myself, employees, agents, horses and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made a part of this entry agreement. In addition, the general understanding of any "publication, video, and internet consent and release agreement" is incorporated in this release including: no monetary considerations, photo, video or verbal statements may be used now and in the subsequent years as the program deems fit; is binding upon heirs and/or future legal representatives.

**NOVICE/INTERMEDIATE AMATEUR Eligibility Questionnaire**

I have read and understand the WSVRHA Handbook and Amateur definitions, rules and exemptions and will abide by them. I understand that the full responsibility concerning my eligibility rests solely on me. WSVRHA, its officers, directors & employees are not held responsible for the burden of proof for my eligibility. I also understand that if there is a change in my status or eligibility that I must inform the WSVRHA within 30 days of that change. I understand that my Amateur eligibility application will be reviewed by the Amateur Committee and the WSVRHA Board of Directors and their decisions shall be final.

**Each Amateur member must complete and include the NOVICE/INTERMEDIATE AMATEUR Eligibility Questionnaire for a completed membership application. (One for each member listed on this application)**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Rec'd _____
Date Processed _____