

***Methow Valley Riding Unlimited***  
***Fall Session 2008 ~ RIDER REGISTRATION***

Rider's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ email \_\_\_\_\_

Emergency Contacts \_\_\_\_\_ Phone \_\_\_\_\_

How many times/hours per week would you like to ride? \_\_\_\_\_

What are your horsemanship goals?

Please check all of the following that apply:

\_\_\_\_\_ Sign me up for **Fall Session \$ 200** to MVRU

\_\_\_\_\_ Sign me up for **Four Fridays** (only 4 and 5 year olds!) **\$110** to MVRU

\_\_\_\_\_ Sign me up to **volunteer** ! Circle one: once a week twice a week MORE

Check **all** the times frames in which you are available for **weekly lessons** or **volunteering**:

<b>Monday</b>	_____ 9-12:30pm	_____ 1:30-3pm	_____ 3:30-6pm
<b>Tuesday</b>	_____ 9-12:30pm	_____ 1:30-3pm	_____ 3:30-6pm
<b>Wednesday</b>	_____ 9-12:30pm	_____ 1:30-3pm	_____ 3:30-6pm
<b>Thursday</b>	_____ 9-12:30pm	_____ 1:30-3pm	_____ 3:30-6pm
<b>Friday</b>	_____ 9-12:30pm	_____ 1-3pm	_____ 3:30-5pm

Use this space to indicate any special scheduling constraints:

\_\_\_\_\_ I have enclosed the Full Tuition payment of \$

\_\_\_\_\_ I have enclosed a \$ contribution to the Scholarship Fund.

\_\_\_\_\_ I have enclosed my Scholarship Application and \$50 Fee.

**LIABILITY RELEASE: Mandatory**

\_\_\_\_\_ (Rider's Name) would like to participate in ***Methow Valley Riding Unlimited*** programs. I acknowledge the risks and potential risks of horsemanship activities. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against ***Methow Valley Riding Unlimited***, its Board of Directors, instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward, may sustain while participating at ***Methow Valley Riding Unlimited***.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Rider, Parent or Guardian)

**PHOTO RELEASE: Optional**

I hereby consent to and authorize the use and reproduction by ***Methow Valley Riding Unlimited*** of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational purposes or any use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Rider, Parent or Guardian)