

Methow Valley Riding Unlimited
2017 Nov/Dec Horse Club Registration
Registration Deadline: Oct 27th

Methow Valley Riding Unlimited is pleased to offer **Horse Club** for MVE Students. We encourage the understanding and appreciation of horses and horsemanship. Activities will include, but are not limited to, learning about the wonderful world of horses, their behavior and care. Horseback riding is NOT part of Horse Club but there MAY be opportunity to interact with live horses.

Horse Club will take place on **Wednesdays Nov 1-Dec 13, at MVE**. There will be a **\$25** fee, which may be waived by filling out the accompanying Scholarship Application. Club size will be limited. Enrollment will be on a first come, first served basis. MVRU will communicate with parents via email UNLESS specific request is made otherwise.

To Register cut off and return Registration Form(and Scholarship App, if applicable) along with Registration Fee to:
MVRU PO Box 58 Winthrop, WA 98862



Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip _____
Parent/Guardian _____
Home Phone _____ Message Phone _____ email _____
Emergency Contacts _____ Phone _____

..... Sign me up for **Winter Session of Horse Club**.

Please let us know if you have any particular topics of interest:

- _____ I have enclosed my payment of **\$25** to **MVRU**
_____ I have enclosed a \$ _____ contribution to the **Scholarship Fund**.
_____ I have enclosed my **Scholarship Application** along with the **\$10** 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)

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