

Methow Valley Riding Unlimited
2018 SUMMER RIDER REGISTRATION

Rider's Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contacts _____ Phone _____

Please check all of the following that apply and indicate your **1st**, **2nd** and **3rd** choice format:

_____ Sign me up for **Monday** lessons during **Summer Session** (June 18- July 30) **\$230 to MVRU**

_____ Sign me up for **Tuesday** lessons (**4** Tuesdays between June 27, July 3, 17, 24) **\$155 to MVRU**

_____ Sign me up for **Youth Horsemanship Camp I** 9-14 year olds ONLY (June 27-30) **\$425**

_____ Sign me up for **Youth Horsemanship Camp II** 9-14 year olds ONLY (July 18-21) **\$425**

_____ Sign me up to **volunteer** Circle one: 1x week 2x week 3x week

Check **all** the time *frames* that you are available for **lessons** or **volunteering**:

Monday _____ 8:30-10am _____ 10-11:30 _____ 11:30-1pm

Tuesday _____ 8:30-10am _____ 10-11:30 _____ 11:30-1pm

Wednesday _____ 8:30-10:30 _____ 10:30-1

Thursday _____ 8:30-10:30 _____ 10:30-1

Friday _____ 8:30-10:30 _____ 10:30-1

_____ I have enclosed the Full Tuition payment of \$

_____ I have enclosed \$_____ contribution to the Scholarship Fund.

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

_____ I have a current (2018) Scholarship Application on file.

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***, it's 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)