

## 2010 Membership Application

Name \_\_\_\_\_ New Member \_\_\_\_

Address \_\_\_\_\_ Renewal \_\_\_\_

Primary Equine Discipline: \_\_\_\_\_  
(Western, Hunter-Jumper, Dressage, Trail, etc.)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Additional Family Members Living at Above Address:

(Includes one additional adult and youth under 18)

Adult\_\_\_\_ Minor\_\_\_\_

Adult\_\_\_\_ Minor\_\_\_\_

Adult\_\_\_\_ Minor\_\_\_\_

Adult\_\_\_\_ Minor\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### Membership Type/Fee:

___	Trail Only Individual.	\$50
___	Trail Only Family.....	\$100
___	Family (Unrestricted membership for all riders in one household)	\$200
___	Individual (Unrestricted membership for one rider)	\$100
___	Trainer* (For all trainers/instructors using WCCEC for lessons)	base + \$50
___	Day Fee (One time use. Waiver must be signed)	\$15
___	Contribution Please consider a contribution to the WCCEC to support Equestrian activities	
	( \$1,000 \$500 \$100 \$50 Other)	

"Trainer Status" which is an additional \$50. Make checks payable to AHC.

I am the participant listed below, or the parent/guardian of a minor participant listed below who has my permission to use the William Clark Chamberlin Equestrian Center ("the facility"). I understand and agree that the risk of personal injury, property damage, death, or other loss of any nature whatsoever regardless of cause, while using the facility, or riding animals at the facility, is assumed by the participant.

I also understand and agree that I will be solely responsible for the acts or behavior of any animal which I or any minor child of mine ride or which may be under my control or handling, and I agree to indemnify, hold harmless and defend the William Clark Chamberlin Equestrian Center, the Anchorage Horse Council, Inc. and the Municipality of Anchorage, their employees, agents, and representatives from and against any and all claims, demands, causes of action or losses of any kind whatsoever by the animal I ride or the animal under my control or handling.

In an emergency situation and if I am otherwise unable to authorize ~~medical care~~, I hereby authorize medical care by either my ~~family doctor or a licensed medical~~ physician available to the William Clark Chamberlin Equestrian Center. I have read and agree to abide by the **Chamberlin 2010 Facility Information and Rates. (A current, negative EIA for all horses must be provided and on file at the WCCEC Office.)**

Dated \_\_\_\_\_

Adult Participant \_\_\_\_\_

Adult Participant \_\_\_\_\_

Participant \_\_\_\_\_

Parent/Guardian of Minor \_\_\_\_\_

Participant \_\_\_\_\_

Parent/Guardian of Minor \_\_\_\_\_

I have read and understand the "rules and requirements" for WCCEC \_\_\_\_\_ date \_\_\_\_\_