



2019 Columbia Riding Club Membership Application

Hold Harmless Agreement:

In accepting this membership, I (we) hereby release the Columbia Riding club, their officers, members and all landowners of land on which I (we) ride from any claim or right from damages, which may occur to me (us) or my (our) guest or any of our horses. I (we) also assume and accept full responsibility for damages done by me (us), or my (our) guests, or our horses, while on Columbia Riding Club's land or any and all land on which I (we) ride.

Photo Release:

I grant Columbia Riding Club permission to take photographs of me. CRC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustrations, advertising and web content.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please make sure to include your email address so that you receive CRC news.

Additional Family Members (Please list each additional rider's name for our records):

Membership Type: New _____ Re-New _____



Family (including children 18 and under)
\$35



Youth (18 yrs. old and under)
\$15



Individual (19 yrs. old and older)
\$20

Please mail to:

Terri Vrabel
20 Meisenhalder Road
Wrightsville, PA 17368

**The Club needs the assistance of ALL its members.
Please help us by listing a specific area you are interested in assisting with.**

EVERY member is expected to help in some way at a minimum of one show. For example, you could help with the grounds, secretary's stand, ring crew, manning the gate, time keeper, or handing out ribbons. Please indicate which month(s) of the year it would be most convenient for you to help at a show.

April _____ May _____ June _____ July _____ August _____ September _____ October _____

Signature of Member (parent or guardian if under 18):

Date: _____

By signing this application, you agree to and understand the statements on and within this document.