Agreement Control Number: IRP1920-_____

Individuals Riding Program

Membership Participation Agreement

November 2019-February 2020

(Check Acceptance of each)

- ☐ **I understand that this agreement will be in effect for the entire November 2019-February 2020 season.**
- ☐ **I understand that I must purchase a monthly Membership Pass for each month I wish to participate.**
- ☐ **I have been provided a copy of the "Individuals Riding (Open Riding) Winter Program RULES & REGULATIONS" and accept and agree to abide by all Rules & Regulations for the Program. Further, I understand that my failure to abide by these Rules & Regulations may result in the revocation of my membership without refund.**
- ☐ **I have read and understood the terms and conditions of the Equine Activity Release and Hold Harmless Agreement provided to me, and have returned a signed original with this Participant Agreement.**

As indicated by the check marks above, I have read this agreement and accept all terms included herein.

_____ _____ _____

Participant Signature Printed Name Date

_____

Address, City, State, Zip Code

_____ _____

Email Phone Number

If the participant is under age 18, both the Participant and Parent/Guardian must sign.

_____ _____ _____

Parent/Guardian Signature Printed Name Date

_____ _____

Email Phone Number