

William Clark Chamberlin Equestrian Center (WCCEC)

P.O. Box 112195 (3900 Abbott Road) Anchorage, AK 99511 907-522-1552

2008 Membership Application

Name _____

New Member _____

Address _____

Renewal _____

Primary Discipline: _____

(Western, Hunter-Jumper, Dressage, Trail, etc.)

Phone _____ Cell _____ Email _____

Additional Family Members Living at Above Address: (includes one additional adult and all youth under 18)

Adult____Minor____

Adult____Minor____

Adult____Minor____

Adult____Minor____

Family Physician _____

Phone _____

Membership Type/Fee:

- | | | |
|---------------------------|--|--------------|
| _____ Family | (Unrestricted membership for all riders in one household) | \$200 |
| _____ Individual | (Unrestricted membership for one rider) | \$100 |
| _____ Trainer* | (All trainers/instructors/coaches using WCCEC for lessons, etc.) | base + \$175 |
| _____ Day Fee | (One-time use. Release of liability waiver must be signed) | \$ 15 |
| _____ Contribution | Please consider a contribution along with dues to support equestrian activities. | |
| | ___ \$1,000 ___ \$500 ___ \$100 ___ \$50 ___ \$25 ___ Other | |

*All individuals collecting remuneration (monetary or otherwise) to train/instruct/coach must upgrade individual or family base membership to "Trainer" and are required to provide written proof of insurance prior to activity. No exceptions. For further details see 2008 WCCEC Facility Information and Rates. Current, negative EIAs are required for all horses on grounds.

Make checks payable to AHC or register and pay online: anchoragehorsecouncil.org

Responsibility Waiver and Release of Liability

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, recognizing that horse sports may be dangerous and hazardous endeavors, even leading to permanent injury or death.

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 and/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.

Adult Participant _____

Adult Participant _____

Minor _____

Parent/Guardian _____

Minor _____

Parent/Guardian _____

I have read and understand the statements above and I will abide by all WCCEC 2008 Rules and Requirements.

Date _____