

2017 BRVHA Clinics Entry Form

RIDER Name: _____

Address: _____ City _____ State _____ Zip _____

e-mail: _____ Phone # _____

Horses Name: _____

Ranch Riding Clinic _____

Jumping Clinic _____

I hereby declare that I have read the rules of BRVHA & agree to abide by them. Futhermore I will not hold BRVHA officials, officers or members responsible for injury or loss suffered during or in connection with the show. Whether or not such injury or loss resulted directly or indirectly from the negligent acts or ommissions of said BRVHA officials, officers or members. I hereby grant permission for BRVHA to take and use photographs/digital images of me or my child for use in promotional or educational materials including printed or electronic publications, Web Sites or other electronic communications. I authorize the use of these materials indefinitely without compensation to me.

Everyone must have a signed form!

Guardian/parent sign for minor under 18.
I agree to pay all fees due to BRVHA.

SIGNATURE:

DATE: _____

(Rev. 3-9-17)

_____ clinics @ \$20 = \$_____ CK# _____ \$_____

All Riders Must be 2017 BRVHA members Membership Fee \$_____

Membership form must accompany this entry.

Total \$_____

Rec. by _____

Office use only: Coggins _____ Rabies _____

Mail to: BRVHA, PO Box 6381, Watertown, NY 13601