

CCRDT Membership Form

January 1, 2019

Date: _____ DOB _____

Rider Name: _____

Parent/Guardian Name if under 18: _____ Phone: _____

Address: _____

Primary Phone: _____ Secondary phone: _____

Email: _____

Horse Breed & Names: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Allergies or Conditions of concern:

Hat Size: _____ Shirt Size: _____

I grant permission to CCRDT its representatives and employees the right to take photographs and videos of me and my property in connection with the above-identified subject. I authorize CCRDT its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CCRDT may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

This form must be signed by rider or parent/guardian and submitted to the CCRDT in conjunction with the release form and a valid copy of Coggins papers. By signing below, I agree to the terms set forth by the CCRPT organization Bylaws and Waivers.

Signature of Rider or Parent/Guardian: _____

Date of signing: _____