

Membership Application/Renewal Form 2020

I wish to join/renew membership to Horsham Riders Club and agree to participate in a setting out team once a year when listed.

DECLARATION (To avoid form filling)

I certify with my signature that participation in any HR event is entirely at my own risk and I am sufficiently insured against consequences resulting from accidents regardless of how sustained. I understand that the club, the organisers and officials and the property owners will accept absolutely no liability for damage or accidents of any nature whatsoever and I agree that I will make no claim upon them in the event of damage or injury. I agree to be bound by the rules of Horsham Riders Club and by the trials regulations of the AMCA whilst on the site of any event.

SIGNATURE _____ AGE (if under 18) _____

The member is under the age of 18, as parent or guardian I undertake to indemnify the club, officials and AMCA as the terms above.

SIGNATURE _____ Parent or guardian

YOUR DETAILS PLEASE PRINT CLEARLY -

Name _____

Address _____

Postcode _____ Telephone : _____

NAMES OF FAMILY **RIDING** MEMBERS (& age if under 18)

Name _____ Signature _____

Name _____ Signature _____

E-mail : _____ Date : _____

RIDER DETAIL - Please tick which of the routes you expect to ride :

White (Expert) [] **Blue (Novice)** [] **Yellow (Clubman)** [] **Red (Beginner)** []

Prices (tick as required)

Individual Riding Membership £15.00 [] **Family Riding Membership** £18.00 []

For all HR Trials results and information please see website www.horshamriders.co.uk

I enclose remittance of £ _____ payable to HORSHAM RIDERS CLUB.

Please send to :

Fiona Husband, 2 Stable Cottages, Pleystowe House, Rusper Road, Capel Surrey
RH5 5HE