

Richland Riders Club (RRC)
2026 Membership Application/Membership Renewal Form
PO Box 613, Richland WA 99352-0613

New Membership Application (Enclose \$25.00 Initiation Fee) **Membership Renewal**

Membership Type: **Family Membership (\$175.00)** **Individual Adult Membership (\$125.00)**

- **Individual Adult Single Membership:** Membership for one (1) person aged eighteen (18) or over.
- **Family Membership:** Includes at least one adult (aged 18 or over) and children/dependents living at home to the age of eighteen (18) or students up to the age of twenty-three (23) who have not completed their senior year of college.
- **Annual Dues:** Must be paid by May 1.
- **Prorated Membership:** May 1 – April 30, of first year's dues payable upon Board approval of membership (rate card on "Club Forms" webpage). Initiation fee and dues payment is refunded if membership is not approved.

Adult(s) Full Names: _____

Dependent Children & Birthdate(s): _____

Street Address: _____ **Primary Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Horse Trailer Model _____ **Style** _____ **License #** _____

Horse Trailer Parking: **I Do** **I Do Not, require a place to park my horse trailer on RRC property.**

Initial Each Item to Indicate Understanding and Acceptance:

Information must be kept up to date during membership, both initially and any time the information has changed.

Mandatory Emergency Contact Information (for Barn Lease Holders and Members Holding Attornments). If the RRC Board cannot reach me during an emergency/disaster using my primary number, RRC is authorized to contact my Delegated Emergency Contact(s). If any contact information on this form is invalid or outdated, or the Delegated Emergency Contact(s) do(es) not respond when contacted, I authorize RRC to manage my horse(s) according to the RRC Board's best judgement, including but not limited to, possible evacuation from RRC's property to a RRC Board-selected evacuation location. I hold the RRC Board harmless for any and all liability, damages, injuries or expense resulting from RRC's management of my horse(s) in such an emergency. Should RRC incur any costs, I will accept and pay the full amount, upon receipt of an invoice.

Delegated Emergency Contact Name(s): _____ **Phone Number(s):** _____

Full Compliance with RRC Ground Rules and By-Laws. I have located and read the RRC Ground Rules and By-Laws, as posted on the RRC website, which are incorporated into this membership form by reference. I understand failure to abide by RRC Ground Rules and By-Laws will result in active measures taken by the RRC Board, including but not limited to, termination of my membership (Individual Adult or Family), without any refund of applicable dues.

Liability for Guests. I understand I am fully responsible for the conduct of guests I invite to RRC or to any RRC function. Guests must comply with RRC Ground Rules and By-Laws. Guests who are riding with me must sign a waiver before riding and apply for their own membership after three visits.

RELEASE: By my signature(s) below and as partial consideration for joining RRC, I agree and affirm that all Members included in this membership, for themselves and their principals, representatives, employees and agents agree: (a) to be bound by the RRC Ground Rules and By-Laws; (b) to hold RRC and its officials, directors or agents harmless for any and all action taken by RRC; (c) they are fully aware all equine activities involve inherent danger and risks of serious injury and/or death and knowingly assume such risk(s); and (d) they expressly hold RRC, its directors, officers and agents harmless from and against any and all claims, and knowingly and voluntarily waive any and all claims, to the fullest extent permitted under Washington law, including for any injury and/or loss suffered to such members and/or their horse(s) at RRC's property, any RRC event, or otherwise in connection with RRC, regardless of whether such claim, injury and/or loss resulted, directly or indirectly, from the negligent acts and/or omissions of RRC's officials, directors or agents.

Signature of All Adult Applicant(s)/Member(s):

Member: _____ **Date signed:** _____ **Member:** _____ **Date signed:** _____