



**WILLAMETTE VALLEY TEAM PENNING ASSOCIATION**

**Membership Application  
Release Form**

**September 1, 2021 to August 31, 2022**

<b>For Office use only</b>
<input type="checkbox"/> Family
<input type="checkbox"/> Single
<input type="checkbox"/> OHSET
Paid _____
Date _____
Official rating _____

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is your preferred method of communication for club notifications? Facebook E-mail  
Other: \_\_\_\_\_

**Type of Membership:** Riding Non-Riding Single (\$35) Family (\$55)

**Self-Rating:** Novice Amateur Open

Person to notify in case of Emergency: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**RELEASE:** I swear that I will abide by the rules and regulations of the Willamette Valley Team Penning Association and I hereby release and hold harmless the Willamette Valley Team Penning Association and all members, stock contractors, committees, employees of same, and any or all persons in any way connected with Willamette Valley Team Penning Association from losses, damages, or injury to me, my equipment, and/or my animals resulting from participation in any or all events. My signing of this form waives any future claim against the above named.

\_\_\_\_\_  
Name of participant - Please Print Date

\_\_\_\_\_  
Signature of participant

If applicant is under 18 years of age, this release must also be signed by a legal parent/guardian. I hereby swear to the above release and unconditionally give my permission for the above named minor to compete in Willamette Valley Team Penning events.

\_\_\_\_\_  
Name of Minor or Minors

\_\_\_\_\_  
Signature of parent/guardian

**LEGAL PARENT/GUARDIAN IS GIVING CONSENT/ASSUMING LIABILITY TO WAIVE THE HELMENT RULE FOR THEIR CHILD UNDER THE AGE OF 18.**

\_\_\_\_\_  
Signature of parent/guardian Date

- All others in a family membership must sign on the reverse side of the waiver.
- Please check this box if you do not want any information shared with anyone outside WVTPA.

**Family members:**

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_ **Rating:** Novice Amateur Open

\_\_\_\_\_  
Signature of Participant Date

**Family members:**

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_ **Rating:** Novice Amateur Open

\_\_\_\_\_  
Signature of Participant Date

**Family members:**

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_ **Rating:** Novice Amateur Open

\_\_\_\_\_  
Signature of Participant Date

**Family members:**

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_ **Rating:** Novice Amateur Open

\_\_\_\_\_  
Signature of Participant Date

**Family members:**

Name: \_\_\_\_\_  
(Last) (First)

Date of Birth: \_\_\_\_\_ **Rating:** Novice Amateur Open

\_\_\_\_\_  
Signature of Participant Date