



WILLAMETTE VALLEY TEAM PENNING ASSOCIATION

**Membership Application
Release Form**

September 1, 2024 to August 31, 2025

For Office use only
<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