

WILLAMETTE VALLEY TEAM PENNING ASSOCIATION

- ☐ Membership Application
☐ Release Form

September 1, 2025 to August 31, 2026

For Office use only

☐ Family

☐ Single

Paid _____

Date _____

Official Rating _____



Name _____
(Last) (First) (MI)

Address _____

(City) (State) (Zip Code)

Date of Birth: _____ Home Phone _____ Work: _____

Cell _____ Email: _____

What is your preferred method of communication for club notifications ___ Facebook ___ Email ___ Phone

Type of Membership:

_____ Riding _____ non-Riding _____ Single (\$35) _____ Family (\$55)

Self-Rating: PLEASE FILL OUT THE ATTACHED RATING FORM

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)

(Signature of Parent/guardian)

LEGAL PARENT/GUARDIAN IS GIVING CONSENT/ASSUMING LIABILITY TO WAIVE THE HELMET 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

Date of Birth _____ Rating (Check One) Novice _____ Amateur _____ Open _____

Signature of participant

Family members:

Name _____
(Last) (First) (Date

Date of Birth _____ Rating (Check One) Novice _____ Amateur _____ Open _____

Signature of participant

Family members:

Name _____
(Last) (First) (Date

Date of Birth _____ Rating (Check One) Novice _____ Amateur _____ Open _____

Signature of participant

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Name _____
(Last) (First) (Date

Date of Birth _____ Rating (Check One) Novice _____ Amateur _____ Open _____

Signature of participant

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Name _____
(Last) (First) (Date

Date of Birth _____ Rating (Check One) Novice _____ Amateur _____ Open _____

Signature of participant



Willamette Valley Team Penning Association

Rating Form

Willamette Valley Team Penning Association's rating committee will rate all WVTPA members as a Novice (none to limited experience/success), Amateur (experienced/some success but inconsistent) or Open (above average experience & success). Members may appeal their rating to the WVTPA Board of Directors by completing an Appeals Form, which is available in the office or on our website <http://wvtpa.com>

Name:	
Address:	
Birthdate:	
Email:	
Phone Number:	

Your horse's ability to pen (circle one)

Beginner Below Average Average Above Average Exceptional

Your horse's penning success (circle one)

None Limited Success Some Success Average Success Above Average

Your penning experience (circle one)

No Experience Some Experience Experienced Very Experienced

Disadvantages (circle all that apply)

Limited Ability Not Well-Mounted Not proven at any level Over 60/Under 16 Physical Handicap

Other (explain): _____

What is your rating (penning/sorting) in the following clubs (mark all that apply)

CTPA _____ RSNC _____ Westside _____ USTPA _____ UVTPC _____

Self-rating based on above criteria (circle one): OPEN AMATEUR NOVICE

Rider Signature: _____ Date: _____

Rating committee recommended rating: _____ Date: _____