



Western States Equestrian Drill Team Association

Individual Membership (\$25)

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Are you affiliated with any active drill team? If so, what team? _____

Type of Team (Junior, Senior, Mixed, Posse, etc.) _____

I, _____ (please print), request an individual membership in the Western States Equestrian Drill Team Association, WSEDTA. The aforementioned individual agrees to comply with the WSEDTA by-laws, regulations, rules, and the decisions of the board of directors. The undersigned, in consideration of accepting membership into WSEDTA, understands and accepts the fact that the sport of equine riding and handling includes the possibility of serious injury or death. The undersigned does hereby, for him/herself, his/her heirs, and executors & administrators waive and release the WSEDTA and all individual and team members thereof, and all other persons, regardless of their capacity in any way connected with the WSEDTA described herein. The undersigned also waives his/her representatives, heirs, executors, administrators, and assignees from any and all right and claim, or liability for damages, or for any and all injuries to animals, or from any and all claims of any kind or nature that we may have. Further, I do hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of my membership caused by my own acts, any animal under my control or responsibility, or by the acts or omissions of others associated with the WSEDTA. This waiver will remain in effect until revoked by me in writing and delivered to the Secretary of the WSEDTA.

Signature _____ Date _____

Please remit application and membership fee to:

Make checks payable to: WSEDTA

WSEDTA

2904 Dove Canyon Drive

Oxnard, CA 93036

Office Use Only

- Individual
- Associate