



Western States Equestrian Drill Team Association

Team Membership (\$150)

Team Name _____

Team Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

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

I, _____ (print), have the legal authority to represent, _____

_____ (print), an equestrian drill team and its members, request a team membership in the Western States Equestrian Drill Team Association, WSEDTA. The aforementioned drill team agrees to comply with the WSEDTA bylaws, 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, executors & administrators, and as an authorized representative for the aforementioned drill team members, their heirs, 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, assignees, and as an authorized representative of the aforementioned drill team, waives the drill teams' 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 our membership caused by the drill team's own acts, any animal under the drill team's 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:

WSEDTA
2904 Dove Canyon Drive
Oxnard, CA 93036

Make checks payable to: WSEDTA