



THE SMOKE RISE RIDING CLUB MEMBERSHIP APPLICATION

Renewal _____

New Member _____

Individual/Family \$150 _____

Name _____

Address _____

Phone _____

Email _____

Additional Members Name

Relationship to Rider

I hereby agree to allow myself/my child to participate in all horseback riding related activities. I do so at my own risk and own free will. I will not in any way hold liable the trainer, club or owners for any injury or loss that I or my child might receive directly or indirectly from traveling to or from or competing therein. I understand there will be no refunds of this fee.

Signature (18+) or Parent/Guardian Signature:

Date

I agree that as a condition of and in consideration of acceptance of Smoke Rise Riding Club Membership, the Club may use or assign photographs or videos, audio, cablecasts, broadcasts, Internet or film or other likenesses of me and my horse taken during club activities or shows for the promotion, coverage or benefit of the The Smoke Rise Riding Club.

Signature (18+) or Parent/Guardian Signature:

I would like to be included in The Smoke Rise Riding Club directory. Yes _____ No _____

Please Return to:

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Michelle Gadaleta 973.809.5122 • mvgadaleta@yahoo.com • 30 Brush Hill Road, Kinnelon, NJ 07405