



# Western States Equestrian Drill Team Association

TEAM MEMBERSHIP APPLICATION

\$150

Team Name \_\_\_\_\_

Team Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Team (Junior, Senior, Mixed, Novice, Posse, etc.) \_\_\_\_\_



I, \_\_\_\_\_ (please 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 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, executors and 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 afore mentioned 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  
c/o Alice Kampen, President  
21132 Boehner Road  
Caldwell, ID 83607

Office Use Only

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_