



# Warhorse Challenge Association

### Office Use Only

Effective Date: \_\_\_\_\_

New: \_\_\_\_ Renew: \_\_\_\_

Number: \_\_\_\_\_

## Membership Application

Fees: Rider: \$50  
Children 16/under: \$35  
1 Horse: \$35  
2 Horses: \$50  
3 Horses: \$75

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s) \_\_\_\_\_

### Horse #1:

Name:	_____						
Breed:	_____	Color:	_____	Height:	_____	Weight:	_____
Breed Registered Name (if applicable):	_____						
Breed Registration Number (if applicable):	_____						
Description:							
Primary Rider Name:	_____				WCA Number: (if known)	_____	
Secondary Rider Name:	_____				WCA Number: (if known)	_____	

### Horse #2:

Name:	_____						
Breed:	_____	Color:	_____	Height:	_____	Weight:	_____
Breed Registered Name (if applicable):	_____						
Breed Registration Number (if applicable):	_____						
Description:							
Primary Rider Name:	_____				WCA Number: (if known)	_____	
Secondary Rider Name:	_____				WCA Number: (if known)	_____	

**Horse #3:**

Name:							
Breed:		Color:		Height:		Weight:	
Breed Registered Name (if applicable):							
Breed Registration Number (if applicable):							
Description:							
Primary Rider Name:				WCA Number: (if known)			
Secondary Rider Name:				WCA Number: (if known)			

**Enclose check or money order payable to Warhorse Challenge Association.**

**Mail to:  
Warhorse Challenge Association  
340 West Sunset Way A204  
Issaquah, WA 98027**

**RELEASE:** I agree to release and hold harmless Warhorse Challenge Association, all members, arena owners, arena operators, producers, and any or all persons connected with all Warhorse Challenge Association approved events from losses, damages, or injury to me, my equipment and/or any animals resulting from attending and/or participating in any Warhorse Challenge Association sanctioned events.

**RELEASE:** I, as a member of Warhorse Challenge Association (WCA), will allow WCA to use my name, photo and or video for promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is under 18 years of age, this release must be signed by a legal guardian and notarized.**

I hereby swear to the above release and unconditionally give my permission for the above named applicant to compete at WCA sanctioned events.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notary Seal:

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Warhorse Challenge Association®  
Telephone: 425-557-0311  
www.warhorsechallenge.com