

## MISSION STATEMENT

To foster and enhance community interest and knowledge in eauestrian activities.

## 2024

Membership with Wicomico Equestrian Club Ltd. supports the financially needs of Wicomico Equestrian Center and brings discounted show fees at the facility.

## **Membership Type:**

- Donation

- Lifetime \$300.00 - Family Riding \* \$35.00 - Individual Riding \$25.00 Wicomico Equestrian Club Ltd. P.O. Box 5043 Salisbury MD 21802

Checks payable to:

\* Includes members of the immediate family and household only under age 21.

	Rider Registration				
Family Last Name:					
E-mail Address:					
Please list each person for famil	ly membership:				
1	Date of B	Birth:	/	/	_
2	Date of B	Birth:	/		_
3	Date of B	Birth:			_
4	Date of B	Birth:	/		_
5	Date of B	Birth:	/	/	_
6	Date of B	Birth:		/	_
Street Address:					
City:					
Home Phone:	Cell Phone:				
Barn Affiliation:					
The owner, rider, participant, and any Wicomico Equestrian Club Ltd., its diresponsibility and liability for any acc them, or any horse not owned by but u activity, whether or not such injury or Equestrian Club Ltd., its directors, ma This agreement shall be construed brought under this agreement shall be	irectors, managers, employees, and vident, damage, injury, illness, or loss used by them, during or in connection loss resulted directly or indirectly franagers, employees, and volunteers, and interpreted in accordance with the	rolunteers, and so to themselve on with any shoom the negligand Wicomiche laws of the	d Wicomes or any ow, exhi gent acts or County	hico County horse own bition, prac or omission , Maryland	r, Maryland, from ed or leased by etice, or other ns of Wicomico
	of Participant, Parent, or Guardian t least 18 years of age to sign)				_

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