

AMBER VALLEY RIDERS LTD
(Company with Limited Guarantee)

<p>AVR Use Only Date Received: Cash/ Cheque: Insurance ticked: Signed & printed:</p>

APPLICATION FOR MEMBERSHIP 2018

*****PLEASE COMPLETE ONE FORM (BLOCK CAPITALS) PER MEMBER*****

Name: Age (if under 16)

Address:



.....

Post Code: Tel. No:..... Tabard No:.....
Mobile:.....

(please leave blank if you are a 'new member')

Email Address:

N.B Please print clearly as all communication is via e-mail, as of 2018 correspondence will not be sent by post

	I have double checked my email address to receive correspondence from the club	<input type="checkbox"/>
	I've joined the 'Amber Valley Riders' Facebook Group (...even better for additional quick updates)	<input type="checkbox"/>
	I hold a valid third party insurance policy to cover the rider detailed above & the horse I will be riding when participating in all AVR rides (MUST BE TICKED)	<input type="checkbox"/>

Membership Fee	Rider	£15	
	<i>*Non-rider (explanation below)</i>	£ 6	
<i>Yellow AVR Number Bib (New Members only)</i>		£10	
		Total	£

*A non-riding membership is available at £6 per annum. This is strictly a non-riding membership and these members will only receive correspondence sent to fully participating members. Such individuals will be eligible for the 'reduced rate' offered to members for the meal at the Awards Evening at the end of the season. They may enter rides but must have a valid insurance policy and must pay the non-member tariff.

I enclose the appropriate membership fee. I understand membership runs from 1st March 2018 to end-February 2019. If I am a new riding member I also enclose £10 to pay for my own numbered tabard which must be worn on all rides.

DISCLAIMER I, the undersigned, agree to abide by the rules of the club at all times. I will not hold Amber Valley Riders, its representatives, any venue or meeting place responsible for any personal injury to myself or my horse, or for loss or damage to property caused while participating in any club event.

ANY DAMAGE CAUSED BY MY HORSE/PONY OR VEHICLE WILL BE COVERED BY MY OWN INSURANCE.

Signed (by parent or guardian if under 16 years old)

PLEASE RETURN COMPLETED FORM WITH REMITTANCE TO:

Before posting please check you have enclosed (all must be ticked)

Correct Payment (Cheques payable to Amber Valley Riders Ltd)	<input type="checkbox"/>
Completed membership form & signed disclaimer	<input type="checkbox"/>
Signed & dated 'H&S' declaration	<input type="checkbox"/>
I have a valid third-party insurance policy for myself & the horse being ridden on entry of all of AVR rides attended	<input type="checkbox"/>

Please note: Failure to provide any required information may delay commencement of membership

**Elaine Bird
The Stables
Mill Lane
Kirkby-In-Ashfield
Nottinghamshire
NG17 9LJ**

AMBER VALLEY RIDERS LTD

Health and Safety 2018

I have received and understand the following, issued to me by Amber Valley Riders Ltd.,

- General Safety Policy Statement
- Organisational Responsibilities
- Members Responsibilities
- Club Rules
- Health and Safety Assistance
- Guidance Notes for Ride Organisers

Signed _____

Date _____

Printed Name _____

Rider No. _____

THIRD PARTY INSURANCE DETAILS

All riding members must tick the declaration box on their membership application.

Important information: By doing so you are declaring you have valid cover which relates to the horse being entered into AVR events and the rider who is riding the horse.