

Methow Valley Riding Unlimited
Spring Session 2026 ~ RIDER REGISTRATION

Rider's Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone _____ Other Phone _____ email _____

Emergency Contacts/Relationship _____ Phone _____

How many times/hours per week would you like to ride? _____

What are your horsemanship goals?

Please check all of the following that apply:

- Sign me up for **Spring Session** **\$270 to MVRU**
 I am only available on _____ (indicate day of the week)
 Sign me up to volunteer Mondays Tuesdays Wednesdays Thursdays

Check **all** the times frames in which you are available for **weekly lessons** or **volunteering(v)**.
You may indicate your first and second choice.

Monday	_____ 3:20-4:30pm	_____ 4:30-6pm
Tuesday	_____ 3:20-4:30pm	_____ 4:30-6pm
Thursday	_____ 1-3pm _____ 3:20-4:30pm	_____ 4:30-6pm

Use this space to indicate any special scheduling constraints:

- I have enclosed the Full Tuition payment of **\$270**
 I have enclosed a \$ _____ contribution to the Scholarship Fund.
 I have enclosed my 2026 Scholarship Application and \$50 Fee.

LIABILITY RELEASE: Mandatory

_____ (Rider's Name) would like to participate in **Methow Valley Riding Unlimited** programs. I acknowledge the risks and potential risks of horsemanship activities. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against **Methow Valley Riding Unlimited**, its Board of Directors, Instructors, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward, may sustain while participating at **Methow Valley Riding Unlimited** at any location.

Date: _____ Signature: _____
(Rider, Parent or Guardian)

PHOTO RELEASE: Optional

I hereby consent to and authorize the use and reproduction by **Methow Valley Riding Unlimited** of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational purposes or any use for the benefit of the program.

Date: _____ Signature: _____
(Rider, Parent or Guardian)