



**Central Washington Hunter Jumper Association  
(CWHJA)  
2023 Season Membership Application**

Rider \_\_\_\_\_

For adult rider, are you an \_\_\_\_\_ Amateur or a \_\_\_\_\_ Professional?

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

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Adult Membership - \$40.00 \$ \_\_\_\_\_

Family Membership - \$50.00 \$ \_\_\_\_\_

(Please fill out below for each family member who will be riding.)

**Total Enclosed:** \$ \_\_\_\_\_

Family members that will be riding:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or guardian must sign if under 18)

Release form: **Central Washington Hunter Jumper Member**

I, the undersigned rider and/or parent or guardian of rider, realizes that participation in equestrian activities is a high risk undertaking. By signing this form for membership in CWHJA, I agree to hold harmless CWHJA, its board members, officers, members and Kermit Zarley or Marilyn Zarley, their estate and heirs, and any representatives for any injury, loss or accident that may occur to myself, my horse, my equipment or anyone I bring with me while participating in all equine activities held at Riverside Arena.

I have read the above paragraph and understand what I have signed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian must sign if under 18)

Make checks payable to "CWHJA"

Mail to: DORIS BERRY  
2497 E Selah Road  
YAKIMA WA 98901