



## Country Tough Trail Versatility/CT2V

30455 Pacific School Road

Mora, MO 65345

(660)668-0880

contact@ct2v.com

### 2024 MEMBERSHIP APPLICATION

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Email\_\_\_\_\_

Daytime Phone\_\_\_\_\_

Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Please print and make checks payable to CT2V**

Equine Name:\_\_\_\_\_

One membership per equine and rider combination.

**Please check the appropriate yearly membership option:** \_\_\_\_\_Schooling Class \$0

\_\_\_\_\_Membership \$20 \_\_\_\_\_Buckaroo/Different Abilities Membership \$15

#### Photo Release

I hereby give the Country Tough Trail Versatility and any CT2V host or photographer permission to use my name, photographs, and/or videos for marketing or publications.

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

Parent/Guardian Signature:\_\_\_\_\_

By signing this application, I agree to abide by all of the CT2V rules and I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, others, equines, and property. I knowingly assume all risks. I agree that I will not hold CT2V, National Board, Facility, Host, Directors, Officers, Employees, Volunteers, Clinicians, Spectators, or Participants liable for any injury or property damage rising out of or caused by the Clinic or Event. Parent or Guardian signature is required for all minor memberships.

Exhibitor's Signature:\_\_\_\_\_ Parent/Guardian Signature:\_\_\_\_\_

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