



Tijuana River Valley Equestrian Association
 501(c) (3) Corporation
www.TRVEA.org

Official Membership
 Application 2024

FaceBook - [Tijuana River Valley Equestrian Association](#)
 "Horses in Harmony with Habitat"

I/We wish to become a member(s), or renew my/our membership, in Tijuana River Valley Equestrian Association.

PRIMARY Person's Name: _____ Date: ____/____/____

Address: _____

City _____ State: ____ Zip: _____

Cell (_____) _____ Home (_____) _____

E-mail: _____

How may we contact you? E-Mail: _____ Phone: _____ Text: _____ Please select ALL that apply

TRVEA Annual Membership (January 1, 2024 - December 31, 2024)

Individual Membership* (\$30) _____ Family Membership** (\$48) _____ Junior*** (\$25) _____

(*Individual Membership if you are 18 years old or older at the time the policy is purchased)(**Family Membership includes you, your resident spouse, and your resident children under 18 years of age at the time the policy is purchased) (***)under 18; no vote; must wear helmet to activities)

FOR FAMILY MEMBERSHIP: IF A FAMILY MEMBER IS 18 YEARS OLD OR OLDER AND RESIDES AT HOME AND IS NOT YOU OR YOUR RESIDENT SPOUSE, THEY MUST JOIN TRVEA ON THEIR OWN INDIVIDUAL MEMBERSHIP APPLICATION WITH ANNUAL FEE.

RELEASE OF LIABILITY AND INSURANCE INFORMATION

Each signature below indicates that each person, for their self and any of their minors listed, do hereby acknowledge, understand and agree to all of the following: that working and or being around and or riding horses is dangerous and can lead to serious permanent injury and possibly death of either the horse or the person; that all persons listed understand and voluntarily agree to personally assume any and all liability and responsibility for all risk, injury, accident and or damage to any person or property; that all listed persons in addition to their respective heirs, survivors, guardians, legal representatives or assignees agree to HOLD HARMLESS, COMPLETELY RELEASE AND INDEMNIFY The Tijuana River Valley Equestrian Association, its members, officers, Board of Directors, associates, affiliates and assignees from any responsibility or liability for any and all injuries, accidents, damage or any other mishap which I, you and or any person listed here and or their horse may suffer as a result of their participation in any Association activity including each and every activity listed in "TRVEA 2024 Calendar of Events" and furthermore, that ALL PARTIES agree that any and all controversies or claims shall be resolved solely by ARBITRATION in accordance to the rules of the American Arbitration Association; and any judgement or award shall be final. This Approval and Agreement is a requirement of membership. We agree that all membership fees paid are COMPLETELY NON-REFUNDABLE FOR ANY REASON.

INSURANCE REQUIREMENT - ALL FAMILY MEMBERS (INCLUDING PRIMARY MEMBER) MUST HAVE A SIGNATURE

Parent/Guardian **MUST** sign for Minors (under 18).

<u>Print Name</u>		<u>Adult Signatures</u>	<u>Date</u>
1. _____	Primary Adult	X _____	_____
2. _____	Adult (or Minor, age _____)	X _____	_____
3. _____	Adult (or Minor, age _____)	X _____	_____
4. _____	Adult (or Minor, age _____)	X _____	_____

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Sign Here for
 Each Name!

PRIMARY Person's Name: _____

MAKE SURE YOU HAVE SIGNED ALL INSURANCE REQUIREMENTS AREAS ON PAGE 1

Since volunteers are an integral part of TRVEA's efforts, please answer the following questions:

1. Do you own/lease a horse? YES _____ NO _____ If yes, how many? _____
2. At which ranch do you board? _____
3. Do you own a horse trailer? YES _____ NO _____ If yes, how many horses can it transport? _____
4. Would you like to participate in County Parks MAU (Mounted Assistance Unit) YES ___ NO ___
If you indicated "YES", you will be contacted by a board member who participates in MAU. In the meantime, please review the Volunteer page of SD County Parks at sdparks.org

With the next activities, please remember that TRVEA cannot do it alone, we need volunteers to be successful!

Please check other activities you would like to be involved in:

Local Trails Cleanups: _____	BBQ/Bake/Cook: _____
Carpentry/Painting/Construction: _____	Assist in Horse Events: _____
Serve on Board of Directors/Attend Meetings: _____	Lead Trail Rides: _____

Please list other services or abilities you are willing to offer TRVEA: _____

Mail completed and **SIGNED** application with a check or money order payable to: TRVEA

Mail or Drop Off to:

TRVEA Office
 Attention: Membership
 2191 Hollister Street
 San Diego, CA 92154



If you have any questions regarding this application or the benefits of membership with TRVEA, please contact:
 TRVEA Membership Chairperson at: john.trvea@gmail.com

Membership and Insurance are NOT prorated.

~~~~~ BELOW THIS LINE for TRVEA Treasurer Use ONLY ~~~~~

Treasurer: Paid by: Check # \_\_\_\_\_ ; Amount \$ \_\_\_\_\_ ; Cash: \$ \_\_\_\_\_ ; Date Rec'vd: \_\_\_\_\_

Insurance: Date Posted to Insurance Roster: \_\_\_\_\_

Membership: Date Posted to Membership Roster: \_\_\_\_\_

Notes: