

Membership Application and Day Use Agreement

William Clark Chamberlin Equestrian Center (WCCEC) P.O. Box 112195 Anchorage, AK 99511-2195



3900 Abbott Road Anchorage, AK 99507 (907) 522-1552

The mission of the Anchorage Horse Council, as managers of the William Clark Chamberlin Equestrian Center, is to provide access to an exceptional all-breed, all-discipline equine facility for the Anchorage horse community and beyond. The Anchorage Horse Council will continue to develop and implement a program of recreational, educational, therapeutic, and rehabilitative use of horses along with general riding programs, promotion of local horse shows, benefit events for local charitable organizations and to maintain a safe and community-oriented facility for local equestrians to enjoy.

Name:					New Men	nber?	Renewing Member?		
Address:									
Phone:									
Email:									
Primary disc	ipline:	Dressage	Hunter/Jumper	Trail	Rodeo	Quarter	Horse	Other	
Additional fa Names:	mily me	mbers living	at above address:					Adult	Minor
Full Use: In	ndividua	I (\$125) 🗌	or Family (\$	250)					
* Unrestricted	d member	ship including tr	ail use, day use of stall	Is and full us	e of arenas and	d facility.			
Trail: Ir	ndividual	(\$75)	or Family (\$	125) 🗌			Chocks	a payable	to:
* For users w	/ho only u	se trails. Does r	not include use of stalls	or arenas.		An		e Horse C	
Day Use: In	ndividual	(\$20)	or Family (\$4	40)					
* Unrestricted	d one day	membership in	cluding day use of stall	s and full use	e of arenas and	l facility.			
Trainers: (B	ase+\$60	D)							
			o teach lessons or con n addition to their base						propriate
Overnight S		· · _		, i				, . ,	
*Anyone who	stables tl	heir horse overr	hight must pay the over	night stall fe	е.				
Honorary m	embers	hip: (\$75)	*for anyone wishing	g to help sup	port our missio	n!			
		、 ,	_ , .						
William Clark (or other loss o participant. I als mine ride or wh Equestrian Cen and against an control or hand either my family abide by the W	Chamberlin f any natu so underst nich may b ter, the An y and all o ling. In an o doctor or CCEC Ru	n Equestrian Ce ure whatsoever and and agree be under my con nchorage Horse claims, demand emergency sit a licensed meo les and Policie	or the parent/guardian enter ("the facility"). I ur regardless of cause, w that I will be solely res ntrol or handling, and I c Council, Inc. and the M 's, causes of action or uation and if I am othe lical physician available s (A current, negative ublically listed to verify n	nderstand an while using s ponsible for agree to ind Municipality o losses of an erwise unable to the Willia EIA for all ho	d agree that th the facility, or i the acts or beh emnify, hold ha of Anchorage, ti y kind whatso e to authorize am Clark Cham orses must be p	e risk of perso riding animals navior of any a armless and de heir employee ever by the ar medical care, berlin Equestri provided and o	nal injury, at the fac nimal whic fend the s, agents, nimal I ride I hereby a an Center.	property dai ility, is assu th I or any T William Clan and represe or the anin authorize me I have read	mage, death, med by the ninor child of k Chamberlin ntatives from nal under my dical care by and agree to
A	dult par	ticipant:							
Parent or gu									
	Minor's	s name:							

I have read and understand the WCCEC Rules and Policies of the AHC

Date: