



Student Membership Application
Intercollegiate Saddle Seat Riding Association, Inc. (ISSRA)
Academic Year: Fall 2019 - Spring 2020
(Please print legibly or type)

Rider's Name: _____
Last First Middle Initial

Home Address: _____
Street Address City State Zip Code

Email: _____ Phone Number () _____
Area Code

Name of College/University: _____

College Address: _____
Street Address City State Zip Code

Name of Team's Instructor/Coach: _____

Coach's Contact Information: _____
Phone no. Email

Has your college/university formed an ISSRA Team? Yes No

If you would like to suggest a coach for the team, please give the name of the instructor/coach you recommend:

Name of instructor/coach recommended Phone Stable Name City/State

Release of Liability

Horses and horse activities are inherently dangerous. I understand the inherent risks to myself and others while involved in dangerous activities (such as riding, handling, working with horses, and competing). I agree that I will hold harmless the ISSRA, the riding stable at which my team and I receive lessons, my coach, colleges/universities and stables hosting horse shows in which I attend and/or participate and my teammates, for any and all accidents to myself and my property occurring while I am a member of ISSRA. In addition, I have acknowledged that I have health and hospital insurance and that I will maintain health and hospital insurance at all times as a member of ISSRA.

Rider's Signature Date Parent/Guardian Signature Date
(If rider is under 18 years old)

Rider Student ID # _____

Individual Membership Fee: \$75 per year
Alumni Membership Fee: \$100 per year

Make checks payable to: ISSRA, Inc.

Please send completed ISSRA Individual Membership Form and payment to:

ISSRA
c/o Deveau Zubrod
13805 Fairway Lane
Goshen, KY 40026

ISSRA President:
Deveau Zubrod 859-421-6753
dzubrod@gmail.com