

FRHA MEMBERSHIP APPLICATION
ANNUAL MEMBERSHIP FEE \$25.00 FOR INDIVIDUAL OR FAMILY

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work: _____ Cell: _____

Email: _____

List Children & Family Members	Age	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Make Checks Payable to FRHA	
Paid \$	_____
Cash	_____
Check #	_____

Age group is determined by your age as of January 1st following the end of the state show.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, & obstacles, whether they are obvious or not obvious. I &/or my family understand that an animal, irrespective of its training & usual past behavior & characteristics, may act or react unexpectedly or unpredictably @ times & I also assume such risks. I understand that animals are unpredictable & that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

 Signature of Participant, Under 18, signature of parent or guardian

 Date

WARNING: UNDER GA LAW AND EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OR TITLE 4 OF THE GA OFFICIAL CODE OF GA ANNOTATED.