

Family \$25 or Single \$15

Pleasure Running Both (\$5)

### Flint River Horseman's Association Membership Form

Date of Sign-up: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell#:(\_\_\_\_\_) \_\_\_\_\_

If family membership, please provide family information below. If you have more family members than what is listed below, please attach another membership form to this form. (Age group is determined by the age as of January 1<sup>st</sup> of the new season.)

		<u>(Riding Yes Or No)</u>	
Name: _____	DOB: _____	Yes	No
Name: _____	DOB: _____	Yes	No
Name: _____	DOB: _____	Yes	No
Name: _____	DOB: _____	Yes	No

Remember, if members are sixteen years of age and older and are competing, they must work one hour, or have a representative to work for them to keep points for year-end awards, as well as State Championships.

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

Warning:

UNDER GEORGIA 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 GEORGIA OFFICIAL CODE OF GEORGIA ANNOTATED.

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, and obstacles, whether they are obvious or not obvious. I and/or my family understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly at times and I also assume such risks. I understand that animals are unpredictable and that the risks of injury or death 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.

\_\_\_\_\_  
Signature of Participant, Under 18, signature of parent guardian

DATE: \_\_\_\_\_