**Great Western Paso Fino Horse Association**

**2018 Membership Application**

All memberships expire on December 31, 2018

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please check one: | 🞏 | New | 🞏 | Renewal |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGULAR MEMBERSHIP** | | | **AFFILIATE MEMBERSHIP** | | |
| ***Voting privileges in Great Western PFHA*** | | | ***Non-voting privileges*** | | |
| 🞏 | Individual | $30.00 | 🞏 | Individual | $25.00 | |
| 🞏 | Family | $35.00 | 🞏 | Family | $25.00 | |
| 🞏 | Corporate | $30.00 |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHAPTER AFFILIATION: | Arizona |  | Colorado |  | Nevada |  | New Mexico |  | Utah |  |

NAME:

SECOND ADULT FAMILY MEMBER:

* FARM/BUSINESS NAME (*For Corporate Membership)*
* JUNIOR MEMBERS (Under 18, include birth date)

ADDRESS:

CITY STATE ZIP CODE

PHONE E-mail

ARE YOU WILLING TO SERVE ON A COMMITTEE: 🞏 Yes

ARE YOU WILLING TO SERVE ON THE BOARD: 🞏 Yes

* Do not include me in membership directory

I AGREE that I choose to participate voluntarily in this event with my horse, as a rider, driver, handler, lessee, owner, agent, trainer, auditor or as parent or guardian of a minor participant. I am fully aware and acknowledge that horse activities involve inherent dangerous risks of accident, loss and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering or death. I AGREE to release GWPFHA, the clinicians, organizers, officials, employees, volunteers, agents, personnel, officers, directors and affiliated organizations from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the above mentioned individuals or organizations. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the above mentioned individuals or organizations. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the above mentioned individuals & organizations and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at this event. I understand the benefit of wearing protective equipment, such as riding helmets, and understand that I am encouraged but not required to do so. If I am a parent or legal guardian of a minor participant, I consent to the child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf.

SIGNATURE OF APPLICANT

**MAKE CHECK PAYABLE TO GWPFHA & MAIL COMPLETED APPLICATION TO:**

Anna Siciliano, GWPFHA Membership Chairman

8946 Pineview Drive

Huntsville, UT 84371

Contact Information: (801) 574-0855

annamaria.italia@gmail.com

Date Received: Check Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_