

## Troy Area Horsemen's Association Membership Application

Name: \_\_\_\_\_ Age as of Jan 1st of current year: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type:       Single (\$20)       Family (\$35)

List all family members below. Note: 2 adults (legal guardians) and all minor children in the same household

<u>First Name</u>	<u>Last Name</u>	<u>Age</u>	<u>Relationship</u>

List horses that you will be riding this year.

<u>Horse Name</u>	<u>Primary Rider</u>

**Membership Information:**

1. A family membership includes parent(s) or legal guardian and minor children in the same household.
2. Club Bylaws mandate that anyone 18 years old and older must purchase an individual membership. Age is determined by January 1 of the current year.
3. Membership fees are used to help offset the cost of arena rental, insurance, and general club expenses.
4. Memberships run from January 1 to December 31 of the calendar year.
5. Any help volunteering at a show is **greatly** appreciated, Activities can include but are not limited to set up, working the gate, office help, manure cleanup, ring crew, clean up, etc.
6. There will be NO office fee for members

*I understand that neither the Troy Area Horsemen's Association nor its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators, or any other person or property in connection with events held at Alparon Park. I hereby expressly agree for myself and my principals, representatives, employees, and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold TAHA, its officers, board of directors, and competition judges, harmless for any action taken. I am fully aware that horse sports and competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release TAHA, its officers, directors, and competition judges from and against all claims including any injury or loss suffered during or in conjunction with the events held at Alparon Park. I agree to indemnify and hold harmless TAHA, its officers, directors, competition judges from any and all claims or loss or injury caused by me or my horse that occur during or in conjunction with events held at Alparon Park.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return membership form and check payable to TAHA to: Kayla Tedesco 31265 Route 14 Gillett PA 16925 (Memo- TAHA Membership and year)

Office Use Only: Received Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Paid: Check# \_\_\_\_\_ / CASH Dates and Activities Volunteered: \_\_\_\_\_

**Note: Membership privileges may be revoked at any time for members not in good standing for such causes as bad checks, poor sportsmanship, or other reasons discussed and approved by the board**