

**LAKE COUNTY HORSEMEN'S ASSOCIATION
MEMBERSHIP FORM**

Name(s) _____ Home Phone () _____

Address _____ Work Phone () _____

_____ E-Mail Address _____
(all newsletters will be sent this way)

Children (Names & ages as of 1/1)

**Membership Fees
(Circle desired category)**

- | | | |
|----|--|---------|
| A) | Family, three or more, children under 18..... | \$30.00 |
| B) | Individual, 18 & over..... | \$15.00 |
| C) | PeeWee (8 & under), Junior (9-12), Intermediate (13-17)..... | \$10.00 |

RELEASE & ACKNOWLEDGEMENT

I wish to become a member of the Lake County Horsemen's Association. I acknowledge that I have read all the rules, conditions and regulations of the LCHA events such as Trail Trials/rides, Horse Shows, Playdays, Clinics & Parades. Additionally, for the sole consideration of the acceptance of my application, I hereby fully and forever release and discharge the LCHA as well as individuals acting under the organization regardless of their capacity and I further release all their heirs, administrators, executors, successors and assigns from all claims, damages, actions, rights of actions of whatever kind of nature that I might have arising out of or account of injuries sustained by myself, third parties or to my animals or to other animals.

This RELEASE also includes all accidents, injuries, claims known or unknown, developed or undeveloped and unforeseen and unexpected developments and consequences of know injuries and damage to property resulting to me or third parties from my accident or accidents occurring as a result of my entry and participation into any of the events of the Lake County Horsemen's Association.

I also declare that in case of any of the above mentioned brought against me including any charge, lawsuit, etc. that I will not ask, seek or pursue my defense from the Lake County Horsemen's Association.

I have read the forgoing and understand the contents thereof:

Signature _____ Date _____

If participant is a minor (under 18) the Parent or Guardian acknowledges reading and understanding the foregoing and consents to the same.

Signature _____ Date _____

RETURN COMPLETED FORM TO: LCHA - P.O. BOX 224 – LAKEVIEW, OR – 97630

INTRODUCED/SPONSORED BY: _____

[] Check this box if you do not wish to have horse related literature mailed to you.

Year _____

Check _____ / **Cash** _____

Date _____