



Membership Form
20__ Membership Year

Participation Month (arena help):

Sponsorship/Donation Amount:

[] Individual \$15.00 [] 2 People (2 adults or 1 adult and 1 minor) \$25.00

[] Family (up to 4 in same residence, additional family members \$5 each))\$40.00

Name: _____ Guardian (if a minor)_____

Mailing Address: _____ Phone # _____

City: _____

Zip Code: _____

Email: _____

Family Participants: (First & Last Names)

Birth Dates:

Four horizontal lines for entering family participants' names.

Four horizontal lines for entering birth dates.

Please add any additional family members on the back of this form.

For and in consideration of my/our membership and participation in all events sponsored by the Little Colorado River Horseman's Association of Arizona (LCRHAA), the undersigned hereby releases and forever discharges LCRHAA of any claim or demand for personal injuries or property damage occurring while participating in any event sponsored by LCRHAA, and the undersigned hereby further agrees to indemnify LCRHAA (including all officers and members, and all property owners upon whose property the various events take place). Save them harmless from any claims, demands or judgments, which may be asserted or rendered against them by any person whatsoever for death, personal injury or property damage occurring during any event sponsored by LCRHAA. Including the reasonable value of their services of attorneys retained by LCRHAA in defense of any claim or causes of action arising therefore.

() If checked: LCRHAA may use Photographs of the above members in LCRHAA Club Publications.

Signature of Individual, Parent or Guardian

Date