Flint River Horseman's Association Membership Form

Membership Information (2025-2026 Season)

- **Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **Email:** _____
- **Phone Number:** _____

Membership Type:

- Family: $40 (Use additional sheet if necessary)
- Individual: $20

Riding Discipline: (Check all that apply)

- Pleasure (Both $5 Extra)
- Running

Family Members (if applicable):

1. **Name:** _____
    - **Date of Birth:** _____
    - **Riding Status:** Yes / No
2. **Name:** _____
    - **Date of Birth:** _____
    - **Riding Status:** Yes / No
3. **Name:** _____
    - **Date of Birth:** _____
    - **Riding Status:** Yes / No
4. **Name**: _____
    - **Date of Birth:** _____
    - **Riding Status:** Yes / No

Waiver and Release of Liability

I understand that horseback riding involves inherent risks, including but not limited to falls, collisions, and unpredictable animal behavior. I agree to assume full responsibility for any injuries or damages that may occur.

By signing below, I acknowledge that I have read and understood the terms of this waiver and release of liability.

Signature: _____

Note: For members aged 17 and older who are competing, please note that you are required to work one hour or have representative work for you to maintain points for year-end awards and state championships.