

FREEDOM REINS HORSE CLUB

Membership Application

Name of Rider (or First Family Member): _____

Show Category: Youth (list age) _____ Adult _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Horse's Name: _____

Horse's Name: _____

Membership Type: _____ Non-showing Single Membership (\$15)
_____ Single Membership (\$25) +\$5 per additional horse
_____ Family Membership (\$25 initial, \$10 second, \$5 third+ family members)
+ \$5 per additional horse (per person)
_____ Horse Nomination Fee \$10 per horse (\$5 per year after 1st year) (optional)
_____ Total Paid Receipt # _____ Date _____

* For Family Membership list family members and horses below.

Second Family Member's Name: _____ Youth (list age) _____ Adult _____

Horse's Name _____

Horse's Name _____

Third Family Member's Name: _____ Youth (list age) _____ Adult _____

Horse's Name _____

Horse's Name _____

Fourth Family Member's Name: _____ Youth (list age) _____ Adult _____

Horse's Name _____

Horse's Name _____

*Family Membership is LIMITED TO: Spouse or significant other and children under age 18 RESIDING IN THE SAME HOUSEHOLD. 100% of membership fees are used for year end awards.

Horse Nomination Form: Complete one form for each horse that you would like to be eligible for points and ROM (100 points) & Superior (200 points) awards. **Horse must be owned by a Freedom Reins Horse Club member during the time points are earned. A Nomination form must be completed and fees paid in order to earn points. Points are not retroactive. See Rules for Point determination information.

Horse's Registered Name: _____ Horse's Barn Name: _____

Breed: _____ Association(s) Registered with: _____

____ Gelding ____ Mare ____ Stallion Foaling Date (or age if not Registered): _____

Color/Markings: _____

Horse's Registered Name: _____ Horse's Barn Name: _____

Breed: _____ Association(s) Registered with: _____

____ Gelding ____ Mare ____ Stallion Foaling Date (or age if not Registered): _____

Color/Markings: _____

Complete LIABILITY WAIVER (page 2) required. Current negative coggins for each horse required.

Liability Waiver

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity. MCL 691-1661 et.al.

Release, Assumption of Risk, Waiver and Indemnification: This document waives important legal rights. Read it carefully before signing.

I, the undersigned understands that this is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the owners of the property, and its agents, employees, volunteers, the host of this "equestrian activity" Freedom Reins Horse Club and its officers from all liability for negligence resulting in accidents, damage, injury, or illness to myself and my property.

I AGREE in consideration of my participation in this equestrian activity at the Baraga County Fairgrounds to the following:

I AGREE that I choose to participate voluntarily in the equestrian activity as a rider, auditor, groomer, and handler. I am fully aware and acknowledge that horse related activities involve inherent dangerous risks of accident, loss and serious bodily injury, including but not limited to, broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release "the equestrian activity sponsor", the property owners, and its agents, employees, volunteers, the host of this "equestrian activity" from all claims for money damages or otherwise for any Harm to me.

I AGREE to expressly assume all risks of Harm to me, including Harm resulting from the negligence of the property owners, and its agents, employees, volunteers, the host of this equestrian activity.

I AGREE to indemnify (that is, to pay any losses, damages or costs incurred by) the equestrian activity sponsor, the property owners, and its agents, employees, volunteers, the host of this equestrian activity and to hold them harmless with respect to claims for Harm to me, and for claims made by others for any Harm caused by me at this facility.

I am entitled to wear protective equipment without penalty, and I acknowledge that the equestrian activity sponsor, the property owners, and its agents, employees, volunteers, the host of this "equestrian activity" strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian, 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.

I AGREE that the "equestrian activity" as used above includes all the property owners, its agents, employees, volunteers, the host of this "equestrian activity" where the "equestrian activity" is held.

BY SIGNING BELOW, I AGREE to be bound by all applicable terms and provisions of this equine event participation agreement.

Signature: _____

Date: _____

Parent/Guardian Signature if the participant is under the age of 18