

EAST COAST STOCK HORSE ASSOCIATION MEMBERSHIP

Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Spouse name (if this will be a family membership): _____

Youth name: _____ Birth date: _____

Youth name: _____ Birth date: _____

Youth name: _____ Birth date: _____

Youth name: _____ Birth date: _____

WAIVER

The person(s) listed on this form (hereafter known as Members) agree to release and hold harmless any and all persons associated with the East Coast Stock Horse Association (hereafter known as ECSHA) including but not limited to its leadership, members, their heirs, successors, executors and assigns, partners, show managers, show staff, show hosting facilities, sponsors, and organizers.

Members voluntarily assume any and all risks while on any and all properties where they are participating in any and all activities associated with the ECSHA. Members give up any and all rights to sue as well as any and all rights of the Member's heirs, successors, executors and assigns to sue the ECSHA including but not limited to its leadership & members, as well as their heirs, successors, executors and assigns, regardless of condition of premises, condition of animals, actions of any animals and or actions of any persons, including those listed above as well as any and all other persons on properties where the ECSHA holds a function.

Members hereby acknowledging that when they are on any and all premises where the ECSHA is holding a function and participating in any or all events, it is by their own free will and they are participating at their own risk. Members agree that the ECSHA and its leadership and members, including but not limited to their heirs, successors, executors and assigns are not responsible for any and all injuries to horses, or riders, or cattle and are not responsible for any theft or damage done to the Members personal and or business property, which will include but is not limited to any and all horses, cattle, tack or equipment of any kind brought to premises of an ECSHA function.

If you are under 18 yrs of age, this form must be signed by a parent or legal guardian.

Check this box if you have read and agree with the terms noted on this membership form.

Sign name: _____

Parent or Guardian Signature: _____

Single \$25 _____
Family \$35 _____

**When completed, mail this form to: ECSHA
5229 Homestead Trl
Reva, VA 22735**

For Office Use Only

Paid by check # _____ or cash amount of _____ on (DATE) _____