## **ALAMO AREA YOUTH HORSE ASSOCIATION**

## MEMBERSHIP APPLICATION

Name of adult/parent:				
Address:				
City, State, Zip:				
Phone: ()E-ma	ail address:			
Membership Application For:				
NAME	BIR	THDATE	AGE as of	1-1-2020
	_		_	
I understand that by signing this application, I agree to ab and affirm that the above information is true and correct. younger and living in the same household. In consideration of your accepting this application, I her claims for damages I may have against AAYHA Inc. a and all injuries, losses or damages suffered by me or	Family membership is lim- reby, for myself and my he and any representatives, su my child/children, my po	ited to parents or legal guardia pirs, administrators and assign ccessors, and assigns, in whic ssessions while taking part in a	n and minor children eig s, waive and release ar th myself son/daughter an AAYHA Inc. event.	ghteen years of age or  ny and all rights and/or  may participate for any
In accordance to meet Texas BOC 22.231(b) requirer available to the general membership for the exclusive	nents, becoming an adult purpose of potential candid	AAYHA member means you dates for AAYHA office cont	a consent to having you acting you to solicit you	our name and address made ar vote.
TEXAS LAW (Chapter 87 Civil Practices and Remedies in any equine activities resulting from the inherent risks of		Profession is not liable for an	injury for and injury to	or the death of a participant
I have read and understand the above information and agree to everything stated.				
Signature of Parent/Legal Guardian/A	dult Applicant		Date	
2020 Dues Paid (Individual Member (	⊚ \$25 x =\$	) (Family@ \$65	) C <u>k</u> #	Cash

\*\*\*Work Points Purchase \$10.00x\_\_\_\_\_Per Person Per show\*\*\*