MID TEX QUARTER HORSE ASSOC

2009 MEMBERSHIP APPLICATION

Please Print

NAME: _____

ADDRESS: _____

CITY:_____**ST:**_____**ZIP:**_____

PHONE:_____**WORK:** _____

EMAIL ADDRESS: _____

Spouse/Significant Other: _____

Child(children): _____

Type of Membership:

___ Family $30.00 (entitled to 1 vote)
___ Single $20.00 (entitled to 1 vote)
___ Youth $15.00 (no votes) Under 18 yrs old
_____ Age as of 1 Jan

Interests:

___Open Shows	**___Halter**	**___Clinics**
___AQHA Shows	**___Breeding**	**___Seminars**
___Training	**___Futurities**	**___Speed Events**
___Lessons	**___Clinics**	
___Other_____		

WARNING-UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Release of Liability

A signed release acknowledges that a person is aware of the inherent risks associated with equine activities, is willing and able to accept full responsibility for his own safety and welfare; and releases the MTQHA or agent from liability unless the MTQHA or agent is grossly negligent or commits willful, wanton, or intentional acts or omissions. This release of liability is valid for 1 year (12 months) from date of signature and will be maintained on file.

Signature: _____**Date**_____

If application is for youth under 18 yrs of age parent or legal guardian must sign

PRINT Parent or Guardian Name:_____

Mail to MTQHA
5000 Clear Creek Rd
Killeen, TX 76549

FOR OFFICE USE:
Amt Sent:_____Cash / Ck

Date Rec:_____