

# 2020 IdRHA Membership Application

<b>Family \$50</b> Entire immediate family / all IdRHA classes	<b>INDIVIDUAL \$35</b> Individuals/ all classes	<b>YOUTH \$20</b> Age 18 & under – applies to youth classes ONLY	<b>PROFESSIONAL \$10</b> Includes trainer name and number on IDRHA website. This amount is added to the underlying Family or Individual membership
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## Membership Information:

Primary Member: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Family Members: (If Youth, include age and birthdate, as many on a line as possible):

\_\_\_\_\_

\_\_\_\_\_

Tax ID number for prize pay-outs: \_\_\_\_\_

## IMPORTANT NOTICE:

**No payouts will be made** to any person responsible to receive that payout until a valid federal tax ID number or Social Security number is received by the IdRHA Treasurer. This information is never placed online and is kept totally confidential.

**We need your talents and abilities.** Please indicate here \_\_\_ if you are willing to serve on a committee.

## Release and Waiver of Liability:

I, the undersigned, understand and I am aware of the inherent risks associated with equine activities. I hereby assume all risks associated with my participation in any and all events associated with the Idaho Reining Horse Association (IdRHA) and hereby release and hold harmless this Association, its sponsors and suppliers for any event, their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims damages, liabilities, costs, and expenses, including reasonable attorney's fees arising out of my participation in any event, including without limitation, any personal injuries or damage to my property which I may incur as a result of participating in any said events. I have the authority and hereby do, by signing this form, assume responsibility for and bind all members associated with this membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date