Illinois Ranch Horse Association Membership Application

Important: All memberships are based on calendar year and expire Dec 31

Date of Application: ___

to:



memberships or all depend All minor child with more tha	s available are Indivi lent children. Each f dren under the age o In three children, ad	amily member applying for membership mo of 18 MUST have a parent or guardian sign	nd Individual Youth for \$5 / ust be listed if purchasing fa lature. Use only one form p te membership form. By s	year. Family membership includes spouses and / amily membership. Each applicant MUST sign. per membership type. For family membership igning you agree to abide by the rules of the	
INDIVIDUA	AL Name:		A	ARHA Membership #:	
\$10.0					
YOUTH	Name:			NRHA Membership#:	
\$5.00	_			outh Date of Birth:	
F	Parent Signature: _				
FAMILY	Snouse Name			ARHA Membership #:	
\$25.00				Activition belong #.	
				ARHA Membership #:	
				, a a w t in o in	
				ARHA Membership #:	
				ARHA Membership #:	
Addres	ss, City, State &	Zip:			
	Email Addro	ess:			
Home Phone:		Cell Phone:			
TOTAL PRICE OF MEMBERSHIP \$			PAYMENT TYPE (office use only)		
Make checks payable to ILRHA and mail			ILRHA ● PO Box 473● Marshall, IL 62441		

Upon Purchase of an ILRHA membership, member agrees to abide by the By Laws and Rules and Regulations of ARHA and ILRHA. An ILRHA membership is not required to participate in an ILRHA event as long as the participant provides proof of a current ARHA membership, but an ILRHA membership may be required to be eligible for individual show and/or year-end points and awards.

I apply to participate in or observe equine events provided and sponsored by the Illinois Ranch Horse Association (ILRHA). By signing this Release of Liability, I understand that my involvement in a Ranch Horse Event will expose me to above normal risks due to the unpredictable behavior of horses and their reactions to surroundings of unfamiliar objects, sounds and cattle. Examples of these risks include: collisions, kicking, bitting, rearing, bucking, striking, rolling, bolting, and trampling. I understand that horses have a tendency to behave in ways that may result in injury, harm or death to a person on or around it. I agree that I assume and acknowledge these and other dangers that are inherent in horse related activities. I agree that I am responsible for my own safety. I agree that I have my own medical coverage. I agree that the ILRHA, their members, employees, and agents will not be liable if I suffer personal injury or death. I agree not to bring any claims, demands or law-suits against ILRHA, their members, employees or agents. I agree that Ill.RHA, their members, agents or employees are sued by anyone else because of claimed conduct by myself, I will indemnify and hold them harmless from all damages and costs, including reasonable actual attorney fees. I agree that by signing this release it becomes binding on me, my heirs and assigns, and thus I am allowed to participate in ILRHA activities or ride on property rented or in use for events. I agree that, THIS RELEASE CONTITUTES A WAIVER OF LABILITY BEYOND THE PROVISIONS OF THE Illinois EQUINE LIABILITY ACT. I agree that Illinois law governs the enforceability of this release. I acknowledge that I have read this waiver and liability release and I fully understand it, I am signing this release on my own behalf (or on the behalf of my minor children), our heirs, representatives and assigns. I understand that I am responsible for my own financial loss in relation to any theft or damage to my tack, equipment, vehicles, trailers, and horses while on the pr