

GREAT WESTERN PASO FINO HORSE ASSOCIATION

2024 MEMBERSHIP APPLICATION

All memberships expire on December 31, 2024

Please check one: New Renewal Free, include PFHA number, expires
on 31 December 2023.

REGULAR MEMBERSHIP

Voting privileges in Great Western PFHA

Individual \$30.00
 Family \$35.00
 Corporate \$30.00

AFFILIATE MEMBERSHIP

Non-voting privileges

Individual \$25.00
 Family \$25.00

I PAID MY MEMBERSHIP USING THE PAYPAL OPTION ON _____
(date)

Great Western PFHA includes the following geographic areas: Alaska, Alberta, Arizona, British Columbia, California, Hawaii, Idaho, Montana, Oregon, Utah, Washington and Wyoming.

NAME: _____

SECOND ADULT FAMILY MEMBER: _____

FARM/BUSINESS NAME (*For Corporate Membership*) _____

JUNIOR MEMBERS (Under 18, include birth date) _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-mail _____

ARE YOU WILLING TO SERVE ON A COMMITTEE: Yes

ARE YOU WILLING TO SERVE ON THE BOARD: Yes

I AGREE that I choose to participate voluntarily in this event with my horse, as a rider, driver, handler, lessee, owner, agent, trainer, auditor or as parent or guardian of a minor participant. I am fully aware and acknowledge that horse activities involve inherent dangerous risks of accident, loss and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering or death. I AGREE to release GWPFA, the clinicians, organizers, officials, employees, volunteers, agents, personnel, officers, directors and affiliated organizations from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the above mentioned individuals or organizations. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the above-mentioned individuals or organizations. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the above mentioned individuals & organizations and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at this event. I understand the benefit of wearing protective equipment, such as riding helmets, and understand that I am encouraged but not required to do so. If I am a parent or legal guardian of a minor participant, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

SIGNATURE OF APPLICANT:

MAKE CHECK PAYABLE TO GWPFA OR USE PAYPAL OPTION ON GWPFA WEBSITE & SEND COMPLETED APPLICATION TO:

Judi Bradbury, GWPFA Membership Chairman
111 Bertie Lord Lane

Conner, MT 59827

Contact Information: (435) 840.0225 or wbrad444@gmail.com

Date Received: _____ Check Number: _____