

AAYHA 2022 Membership Form

Name of adult/parent: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ E-mail address: _____

Membership Application For:

NAME	BIRTHDATE	AGE <i>as of 1-1-2022</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that by signing this application, I agree to abide and adhere to the rules and By-Laws of Alamo Area Youth Horse Association (AAYHA Inc.). I swear and affirm that the above information is true and correct. Family membership is limited to parents or legal guardian and minor children eighteen years of age or younger and living in the same household.

In consideration of your accepting this application, I hereby, for myself and my heirs, administrators and assigns, waive and release any and all rights and/or claims for damages I may have against AAYHA Inc. and any representatives, successors, and assigns, in which myself son/daughter may participate for any and all injuries, losses or damages suffered by me or my child/children, my possessions while taking part in an AAYHA Inc. event.

In accordance to meet Texas BOC 22.231(b) requirements, becoming an adult AAYHA member means you consent to having your name and address made available to the general membership for the exclusive purpose of potential candidates for AAYHA office contacting you to solicit your vote.

TEXAS LAW (Chapter 87 Civil Practices and Remedies Code) states "An Equine Profession is not liable for an injury for and injury to or the death of a participant in any equine activities resulting from the inherent risks of equine activities.

I have read and understand the above information and agree to everything stated.

Signature of Parent/Legal Guardian/Adult Applicant

Date

2020 Dues Paid (Individual Member @ \$25 x _____ = \$ _____) (Family @ \$ 60.00 _____) Ck# _____ Cash _____