** **2024 MEMBERSHIP APPLICATION**

www.miranchhorse.net

***Important: All memberships are based on calendar year and expire December 31, 2024.***

***Please allow approximately 2-4 weeks for processing. One form per membership. Please duplicate if needed.
PLEASE FILL OUT FORM ENTIRELY AND PRINT CLEARLY… THANK YOU.***

**NAME: SPOUSE:**

**ARHA #:**  **ARHA #:**

**Date of Birth (Youth only membership): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family members included in Annual Family Membership:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | **RELATIONSHIP** |  | **ARHA #** |  | **YOUTH DATE OF BIRTH** |
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**PLEASE COMPLETE ALL FIELDS THAT APPLY:**

**MAILING ADDRESS:**

**PHONE:**  **EMAIL ADDRESS:**

**MAKE CHECKS PAYABLE TO:** Ranch Horse Association of Michigan

**MAIL TO:** c/o Kayla Dewey

315 Sherwood St

Dowagiac, MI 49047

**Please check which membership you are purchasing: Annual Family Membership … $40.00**

 **Check here if this is a RENEWAL MEMBERSHIP Annual Individual Membership … $25.00**

 **Annual Youth Membership … $15.00**

 **If Youth, check one: 13 & Under 14-18**

**UNDER THE MICHIGAN EQUINE LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF THE EQUINE ACTIVITY.**I apply to participate in or observe equine events provided and sponsored by Ranch Horse Association of Michigan (RHAM). 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, biting, 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 RHAM, 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 lawsuits against RHAM, their members, employees or agents. I agree that if RHAM, their members, agents or employees are sued by anyone else because of claimed conduct by me, 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 RHAM activities or ride on property rented or in use for events. I agree that, THIS RELEASE CONSTITUTES A WAVIER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT 1994 P.A. 351. I agree that Michigan law governs the enforceability of this release. I acknowledge that I have read this waiver and liability release and I fully under-stand it, I am eighteen years of age or older, and that 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 premises where an Equine event is held.

Upon purchase of a RHAM Membership, member agrees to abide by the Bylaws and Rules and Regulations of ARHA and RHAM. A RHAM membership is not required to participate in a RHAM Event as long as the participant provides proof of a current ARHA membership, but a RHAM membership **must be** purchased to be eligible for year-end points to accumulate and show 75% of the RHAM circuit shows to receive a year end award.

I (We) agree to abide by the rules of the American Ranch Horse Association and Ranch Horse Association of Michigan and will work to promote the association.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be signed by ALL adults

**FOR OFFICE USE ONLY:** Date Received \_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_ Amount of Check \_\_\_\_\_\_\_\_\_\_ RHAM # (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_