



MEMBERSHIP APPLICATION

For more information visit us at www.tnlcha.com or
Email lincolncountyhorseman@gmail.com

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home No: () _____ Cell: () _____

Email: _____

LCHA Annual Membership (Single).....\$30

LCHA Annual Membership (Family).....\$40

Family Member Names:

LIABILITY RELEASE

I understand that I am participating in an association which contains dangers, and risks may arise, including, but not limited to: accidental injury, accidental death, the forces of nature, and illness. In consideration of the right to participate in this association and the services provided for me by the Lincoln County Horseman's Association, and its agents, I have and do hereby assume the risks associated with such events. The member(s) shall not hold the Association, its members, management, or sponsors liable for any damage and costs arising from injury to person or property occasioned by any act or omission of the Association. **Signature of Applicant and list of family members (required):**

Mail with payment to: LCHA, PO Box 1289, Fayetteville, TN 37334