



20__

**Eastern Washington Quarter Horse Association
Post Office Box 1024
Ellensburg, WA 98926**

Membership Application and Liability Waiver

Memberships are based on the calendar year, January 1st to December 31st. All members are required to sign the Liability Waiver.

_____ Family dues are \$30 - same household residency

_____ Single member dues are \$20

() New Member () Renewal

Adult Name (s) (please print) _____

Children Names (please print) _____

Address _____

Phone: _____ Cell: _____ (circle the best number for contact)

Phone: _____ Cell: _____

Email: _____

Emergency Contact Name: _____

Emergency #: _____

LIABILITY WAIVER:

Recognizing the fact there is a potential for an accident whenever horse use is involved, which can cause injuries to horses, riders and spectators and also recognizing the fact that the Eastern Washington Quarter Horse Association (EWQHA) or members, cannot always know the experience of riders or horses taking part in EWQHA events or other EWQHA functions, I do hereby release EWQHA from any responsibility or liability. I hereby agree that I am riding at my own risk and aware of the potential dangers.

I have been given a copy of the most current EWQHA Guidelines and Policies for my review and records.

Signed: _____ Date _____

Signed: _____ Date: _____

REMIT WITH YOUR CHECK