

**Indiana Fox Trotter Association
Membership Application and Renewal**

Class A Membership - requires registration number of an owned or leased Missouri Fox Trotter horse. The Registration Number can be located on the horse's registration certificate.

- \$20 per year for up to two adults and one junior member (18 and less) per household
- \$50 for three years up to two adults and one junior member (18 and less) per household

Class A members are voting members (over 18) with two votes per family/household membership. We encourage you to also be members of the Missouri Fox Trotter Horse Breed Association. Those memberships will then provide the IFTA financial support for some activities (example: clinics).

MFT horse registration number(s): _____

MFTHBA Member Number(s): _____

Class B Membership - available at the same pricing and guidelines to those who do not own or lease a registered Missouri Fox Trotter Horse. Other horse breeds also welcome. Does not include voting privileges.

Please carefully print information requested below:

Name: _____ Name: _____

Junior Member Name: _____

Address including City, State, Zip Code: _____

Phone(s): _____

Email(s): _____

How many owned Fox Trotters? _____ How many leased Fox Trotters? _____

Would you like your contact information listed in our web directory? Email Y N Phone Y N Address Y N

Please indicate (by circling) your current interests: Horse shows, Buying/Selling horses, Competition/Endurance,

Trail Riding, Tack auctions, seminars/clinics, promotional/marketing, Training, Breeding, hosting rides,

IFTA booths, membership drives. Other _____

What is one horse related goal you would like to achieve in the coming year? _____

Make checks payable to "IFTA" for \$20 (annual membership) or \$50 (three year membership) and mail along with the Annual Assumption of Risk and Release Form to: Treasurer, Indiana Fox Trotter Association, 1592 S Old State Rd 3, Avilla, IN 46710. When renewing memberships, please make payment in January. Thank you! Welcome!

ANNUAL ASSUMPTION OF RISK AND COMPLETE RELEASE FORM
Indiana Fox Trotter Association

WARNING: UNDER INDIANA LAW (IN1995 AVT NO. 1551) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

NAME _____ (PLEASE PRINT)

I recognize that The Indiana Fox Trotters Association Inc. which includes its officers, board members and member associates (hereafter referred to as "the IFTA") is the sponsor for many events at various locations throughout each year. I also realize that this release is intended to blanket cover all of these events regardless of location. I fully accept that the IFTA is in no way responsible for my safety when I am participating in one of these events, regardless of where it is held. I FURTHER RECOGNIZE AND ACCEPT THE FOLLOWING:

1. That training, competition, work or any activity involving livestock are participation sports. I am fully aware of the risks and hazards involved in, or arising from, my use of or presence upon the facilities and premises and use of livestock or any other animal. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN, OR ARISING FROM, MY USE OF OR PRESENCE UPON ANY OF THE FACILITIES USED BY THE IFTA, including, without limitation, the risks of bodily injury resulting from a collision between myself and another person, dog bite or any injury from any animal, or the negligent or deliberate act of another person.
2. TO RELEASE THE IFTA, including its board members, officers, associate members and all of their successors, assigns, affiliates, heirs, executors, and administrators, agents and assigns from, and AGREE NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, and expenses arising out of students/clients/participants use of the IFTA equipment, including, but not limited to, those claims for bodily injury, whether or not caused by the negligence or other fault of the IFTA, or of any dogs, cats, horses, cattle or other equipment supplied by the IFTA.
3. THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representative.
4. TO WAIVE the protection afforded by the statute or law in any jurisdiction whose purpose, substance and /or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
5. TO PAY for any damage to facilities or equipment, or to pay veterinary bills for injured or, if necessary, replacement animal of same kind and quality, of which value will be determined at the time.
6. IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURRED BY THE IFTA. 7. I HAVE READ AND UNDERSTAND THE INDIANA EQUINE LAW. 8. I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE.

DATE ____/____/____ SIGNATURE _____

If under the age of 18 must be signed by parent or legal guardian. NOTE: This release form must be signed and submitted by every association member each year. It must also be signed by any non-association participant for each event.