

## Michigan FQHR Membership Form

Below you will find the Michigan membership application. Our membership year runs from Jan 1 - Dec. 31 Anyone signing up from Oct thru Dec will be carried thru the following year. Just print this page out on your printer and return to the address below with the appropriate fee. Thanks, and we'll see you at the show.

### **Michigan Affiliate Member Application Fees:**

Single \$20 \_\_\_\_\_ Family \$40 \_\_\_\_\_ Youth \$10 \_\_\_\_\_ Stallion Service Sale Donation Discount (\$20) \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (opt In): \_\_\_\_\_

Current Michigan FQHR # \_\_\_\_\_

*\*\*FQHR-MI will NEVER sell or share our member's information with any other parties or business'. Your information is used only for membership tracking and monthly newsletters. Your contact information is shared within the Board only as needed. Should we have a membership directory, your information will be shared unless the box below is checked. \*\**

☐ Check Here if you DO NOT WISH to have your contact information printed in our membership directory

### **Michigan FQHR Release of Liability**

This Release covers all shows/clinics offered by the FQHR Michigan affiliate for the calendar year. Please read carefully before signing. I apply to ride horses/ride in the arena/ride on trails and participate in or observe equine events provided and sponsored by Foundation Quarter Horse Registry-Michigan Affiliate FQHR-MI at the facilities indicated above. WARNING: Under the Michigan Equine Liability act an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from the inherent risk of the equine activity. I understand that horseback riding will expose me to above normal risks. These risks include collisions, obstacles, variation in terrain and surface/subsurface conditions, and unexpected actions of a horse, such as kicking, biting, rearing, bucking, striking, rolling, bolting, or running away from danger by trotting, cantering, or galloping. I also understand that I will be exposed to inherent risks of equine activity including but not limited to the unpredictability of an equine reaction to cattle, other animals, and sudden movement of people, sounds, and unfamiliar objects. I further understand that horses have a propensity 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 the activity of horseback riding. I agree that I am responsible for my own safety. I agree that I have my own medical coverage. I agree that the FQHR-MI, their members, employees, and agents will not be liable if I suffer personal injury or death, except if caused by their gross negligence or willful and wanton misconduct. I agree not to bring any claims, demands or lawsuits against FQHR-MI, their members, employees, or agents. I agree that if FQHR-MI, their members, agents or employees are sued by anyone else because of claimed conduct of myself, I will indemnify and hold them harmless for all damages and costs, including reasonable actual attorney fees. I agree that the consideration for this release to be binding on me, my heirs and assigns that I am permitted to participate in FQHR-MI activities or ride on property rented or in use for events. I specifically affirm and agree that, this release constitutes a waiver of liability beyond the provisions of the Michigan Equine Activity Liability Act 1994 P.A. 351. I agree that Michigan law governs the interruption and enforceability of this release. I acknowledge that I am eighteen years of age or older, and I am signing this release on my own behalf and on the behalf of my minor children, our heirs, representatives, and assigns.

Printed name \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**MINORS UNDER THE AGE OF 18 MUST HAVE A PARENT SIGNATURE!**

For FAMILY memberships, please list children's names/ages (as of January 1):

Send to Sara Brandon 3856 CR 45, Auburn, IN 46706