

Virginia Presidential PFHA Membership Application

Virginia Presidential Paso Fino Horse Association, Inc. referenced herein as VAPPFHA
Members supporting one another through genuine interests in our fellowship!

APPLICATION STATUS:

NEW ___ RENEWAL ___ FREE ___ (Annual Membership for 1st Time Member)
Name of Member you purchased your horse from if applicable _____ PFHA# _____ USEF# _____

Name of Applicant _____ DOB _____
(for family memberships, please fill out below)

Spouse _____ DOB _____

Jr. Members _____ DOB _____ DOB _____

Address _____ City _____ State _____ Zip _____

Ship to Address *(if diff.)* _____ City _____ State _____ Zip _____

Email _____ Website _____

Phone# _____ Cell# _____ Fax# _____

Business Name *(for corporate membership)* _____

Your Interests SHOW ___ PL TRAIL RIDING ___ COMPETITIVE TRAIL RIDES ___ BREEDING ___
SALES OF YOUR HORSES ___ OUR ADVERTISING ___ EDUCATIONAL EVENTS ___ FUN SHOWS ___ CLINICS ___
RIDING LESSONS ___ SOCIAL EVENTS ___ TRAINING ___ OTHER _____

WOULD YOU BE INTERESTED IN HOSTING AN EVENT? ___ IF SO, WHERE, WHAT KIND, WHEN? _____

WOULD YOU BE INTERESTED IN CHAIRING OR HELPING WITH VAPPFHA RESPONSIBILITIES? ___

WHAT INTERESTS YOU MOST? _____

MARK THE TYPE OF MEMBERSHIP THAT YOU WISH TO PURCHASE

- Individual ___ \$30 annually; Lifetime Member ___ \$250 *(18 yrs. or older)* Membership Voting: 1 Vote provided requirements met to be voting member. Membership Voting: 2 votes if you meet requirements to be voting member(s).
- Family/Farm ___ \$40 annually; Lifetime Family ___ \$350 *(at least two members in the family 18 years or older & all Jr. members of same household.)* Membership Voting: 2 votes if you meet requirements to be voting member(s).
- Jr. Member ___ \$15 *(under 18 years by Oct. 1st of that year)* No Voting Rights with this Jr. membership with the organization.
- Assoc. Member ___ \$20 *(Individual or entity wishing a subscription to VAPPFHA Newsletter and supports VAPPFHA Corporate Activities)* No voting rights
- Sponsoring ___ \$50 *(Individual/Entity as a member wishing to support the purposes and functions of this Organization financially)* No voting Rights
- Corporate ___ \$50 *(Legal Entity with a Federal Tax ID Number Incorporated with Virginia's Secretary of State)* 1 vote if a Virginia Corporation & the Principal
- Officers and Agents of said corporation are residents of Virginia; otherwise there will be no voting rights without the residency requirement being satisfied.
- Temporary Membership ___ \$5 *(for participation in a Specific VAPPFHA Event)* Maximum membership period total days 7. No voting rights

Important! Mark here ___ to designate VAPPFHA to vote your PFHA member votes

SIGN BELOW AND THE LIABILITY RELEASE ON BACK TO BECOME OFFICIAL MEMBER OF VAPPFHA

SIGNED _____ DATE _____ SIGNED _____ DATE _____

SIGNED _____ DATE _____ SIGNED _____ DATE _____

Cash/Check/Money Order Accepted

THANK YOU FOR JOINING VIRGINIA PRESIDENTIAL, MAY YOU BE BLESSED!

*Membership Dues & Form Valid for One Year from date of joining & dues paid with VAPPFHA unless lifetime membership purchased.
NOTE: VAPPFHA members will have no rights to vote within said entity unless a member in good standing with USEF, PFHA and VAPPFHA,
as well as a Virginia Income Tax Paying resident continuous for two years prior to the date of voting.*

www.VAPPFHA.com Phone: (615) 522-8138 (804) 517-5750 Email: info@VAPPFHA.com Fax: (540) 740-3207 Mail: P.O. Box 12, Mt. Jackson, VA 22842
View voting rights of Virginia Presidential Paso Fino Horse Association, Inc. official By Laws of the Association at Virginia Commonwealth
Corporate Commission. VAPPFHA reserves the right to refuse approval of membership applications upon its sole discretion.

EQUINE ACTIVITIES RELEASE AND LIABILITY WAIVER HORSES CAN BE VERY DANGEROUS AND UNPREDICTABLE

Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. PLEASE READ VERY CAREFULLY BEFORE SIGNING.

I, THE UNDERSIGNED BELOW, AGREE TO HOLD HARMLESS IN ALL MANNER POSSIBLE, THE VIRGINIA PRESIDENTIAL PASO FINO HORSE ASSOCIATION, INC. HEREINAFTER REFERRED TO AS, ASSOCIATION VAPPFHA, IT'S OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, BOARD OF DIRECTORS, AND DESIGNEES AND OTHER ASSOCIATES, USA EQUESTRIAN FEDERATION, AND THE PASO FINO HORSE ASSOCIATION, AND ALL THEIR AGENTS, EMPLOYEES, VOLUNTEERS, FROM CLAIMS FOR MONEY DAMAGES OR OTHER COMPENSATIONS FOR LOSS OR INJURY TO ME, MY HORSE(S), EQUIPMENT OR MINOR CHILDREN THAT I AM RESPONSIBLE FOR THEIR CARE OR GUARDIANSHIPS. I AGREE IN CONSIDERATION FOR MY PARTICIPATION IN ANY ASSOCIATION VAPPFHA SPONSORED OR ASSOCIATED EVENTS TO THE FOLLOWING: I AGREE THAT I CHOOSE TO PARTICIPATE VOLUNTARILY IN THE EVENT WITH MY HORSE(S) AS A RIDER, DRIVER, HANDLER, LESSEE, OWNER, BORROWED, AGENT, TRAINER, GUEST RIDE, GUEST, PARENT OR GUARDIAN OF A MINOR PARTICIPANT. THIS EVENT OR OPPORTUNITY TO PARTICIPATE COULD BE A SHOW, TRAIL RIDE, CLINIC, OR OTHER RELATED ACTIVITIES. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS, EQUINE ACTIVITIES OF ANY SORT, OR OTHER RELATED ACTIVITIES INVOLVE INHERENTLY DANGEROUS RISKS OF ACCIDENT, LOSS, SUFFERING, DISABILITY AND POSSIBLE DEATH ("HARM" IN MANY MANNERS AND ACCIDENTS OR NEGLIGENCE.

I AGREE TO RELEASE THE USA EQUESTRIAN, PFHA, AND THE ASSOCIATION VAPPFHA, AND ALL OTHER PERSONS LISTED ABOVE WITHIN THIS DOCUMENT, SPONSORED EVENTS OR MEETINGS FROM ALL CLAIMS OF MONEY DAMAGES OR OTHERWISE ANY COMPENSATIONS WHATSOEVER, FOR ANY HARM TO ME, AND OR AS A PARENT OR GUARDIAN OF A MINOR CHILD TO THAT CHILD OR CHILDREN, OR MY HORSE OR PROPERTIES, FOR ANY HARM CAUSED BY ME OR TO ME OR MY HORSE TO OTHERS, EVEN IF THE HARM RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENCE OF THE PFHA, USA EQUESTRIAN FEDERATION, ASSOCIATION VAPPFHA AND OTHERS NAMED PARTIES TO THIS DOCUMENT IN ABOVE PARAGRAPHS OR FOLLOWING PARAGRAPHS OR THE "EVENT" OR "MEETING".

I AGREE TO EXPRESSLY ASSUME ALL RISKS OF HARM TO ME OR MY HORSE OR MINOR CHILDREN THAT I AM GUARDIAN OR PARENT OF CHILD OR CHILDREN, RESULTING FROM NEGLIGENCE OF THE USA EQUESTRIAN FEDERATION, THE PFHA, THE ASSOCIATION VAPPFHA AND ALL OTHER PERSONS SPECIFIED IN THIS DOCUMENT FOR THE PURPOSE OF THIS RELEASE AND WAIVER, AND THEIR EVENT, MEETING, OR ACTIVITIES WHATSOEVER.

I HAVE READ THE USA EQUESTRIAN RULES, PFHA RULES, VAPPFHA RULES, AND THE VIRGINIA EQUESTRIAN ACTIVITY LAW AND UNDERSTAND SAID RULES AND LAWS GOVERNING EQUINE ACTIVITIES INCLUDING ARTICLES 318 AND 1712, AND UNDERSTAND THAT I AM ENTITLED TO WEAR OR USE PROTECTIVE EQUIPMENT WITHOUT PENALTY AND I ACKNOWLEDGE THAT THE USA EQUESTRIAN FEDERATION, THE PFHA, AND ASSOCIATION VAPPFHA STRONGLY RECOMMEND AND ENCOURAGE ME TO DO SO WHEN PARTICIPATING IN ANY MANNER WHATSOEVER.

IF I AM THE PARENT OR GUARDIAN OF A MINOR EXHIBITOR, OR PARTICIPATE IN EQUINE ACTIVITIES, I CONSENT TO THE CHILDS PARTICIPATION AND AGREE TO ALL OF THE ABOVE PROVISIONS AND AGREE TO ASSUME ALL AND ANY OF THE OBLIGATIONS OF THIS RELEASE ON THE CHILD'S BEHALF.

I AGREE THAT THE USA EQUESTRIAN FEDERATION, PFHA, AND ASSOCIATION VAPPFHA AND THEIR EVENTS AND OR MEETINGS AS USED ABOVE ALSO INCLUDE ALL OF THEIR OFFICIALS, OFFICERS, BOARD OF DIRECTORS, DIRECTORS, EMPLOYEES, AGENTS, PERSONNEL, VOLUNTEERS, ASSOCIATES, AND AFFILIATED ORGANIZATIONS. THIS RELEASE ALSO RELEASES THE BOARD OF DIRECTORS, OFFICERS, AND VOLUNTEERS FROM ANY LEGAL TRANSACTION DUE TO THEIR NEGLIGENCE OR ERROR IN THEIR POSITION CONTRACTUALLY Y, OR OTHERWISE FROM ALL LIABILITY AND RESPONSIBILITY OR HARM DAMAGES MONETARY OR COMPENSATION WHATSOEVER AS FAR AS THE LONG ARM OF THE LAW IS TO ACCOMMODATE DAILY OPERATIONS OF A NON PROFIT CORPORATION WITHIN THE COMMONWEALTH OF VIRGINIA.

BY SIGNING BELOW, I FURTHER AGREE TO BE BOUND BY ALL APPLICABLE USA EQUESTRIAN FEDERATION, PFHA, ASSOCIATION VAPPFHA, AND THEIR AFFILIATES RULES WHATSOEVER. I AGREE I HAVE READ AND UNDERSTAND FULLY THIS DOCUMENTS AND ALL RULES OF ABOVE ORGANIZATIONS AND UNDERSTAND THEM FULLY. ALL AGREEMENTS AND CONSIDERATIONS STATED IN THIS DOCUMENT WILL BE CONSIDERED INTERPRETED UNDER THE STATE OF VIRGINIA COMMONWEALTH LAWS.

Member/guest name (print) Social Security # and PFHA # (if applicable) Signature

Member/guest name (print) Social Security # and PFHA # (if applicable) Signature

Date

If signing on behalf of/for a minor child, list the full names of these children of you as a parent and as a guardian here _____
_____, _____, _____.

Print your name as guardian/parent _____

Your signature _____ Dated _____

Location of all your signatures city & state. _____