



THE SPARTANBURG HORSEMAN'S ASSOCIATION
PO Box 2283 Spartanburg, SC 29304
www.shahorseshows.org
shahorseshows@yahoo.com

Application for Membership and Liability Waiver

MEMBERSHIP FEE - \$15 per Household per year
(renews every January)

Please complete the following information (PRINT NEATLY) and mail to the above address with membership fee OR present to a board member at the booth:

Type of Membership: *Please check the appropriate box* () New () Renewal

Exhibitors to be included on the membership:

Additional household members to be included:

Exhibitor's birth date(s): (if under 18)

Adult/Guardian: (if rider is under 18) _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Farm/Barn Affiliation: _____

Horse(s) associated with this membership and Association # if needed

Please circle: (APHA,AQHA,TIP):

By signing below, I agree to the following:

I, as the owner/exhibitor or agent/guardian listed above, agree to abide by Spartanburg Horseman's Association club by-laws and agree to hold harmless Spartanburg Horseman's Association and their volunteers/members/other parties in the event of injury, death or loss of property that may occur, directly or indirectly in conjunction with the SHA show season pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I agree that I am 18 years of age or older *or* that I am the parent/custodian/agent for a rider under 18 years of age and have the right to agree and abide by this agreement.

Signature

Date