2018 Application for Membership



Check one: New Member, \$55	Please return application and USA Reining, 13181 US Hwy 1	
Membership Renewal, \$55	Byars, Okla. 74831	USA Reining Mem-
Member Information: Date of Birth:/	/Nationality:	bership year be- gins on Dec. 1 and
Name:	Email:	expires Nov. 30. The effective date
Physical Adress:		of membership is
City, State:	Postal Code:	the date on which the application and
Phone Number:		correct dues are received by the US/ Reining office. To

REQUIRED SIGNATURE: Every member must designate the appropriate below. If 19 years and older and have not competed in any professional activities as outlined and defined by the USEF Amateur Certification, you are considered an Amateur. Amateur status is required for anyone who competes in Amateur Classes. Individuals who sign as a professional must complete Amateur Reclassification prior to being reinstated as an Amateur. See USEF Rulebook and USA Reining Rules and Regulations for any details. By signing below, you or your parent/guardian (required if member is less than 18 years old) are in agreement with USA Reining definition of Amateur per the USEF Rulebook. Also by signing, you release USA Reining from liability, per USA REINING RELEASE listed below.

Check one: □ Amateur □ Professional □ Youth 19-21 □ Youth 14-18 □ Youth 13 & Under □ Para Classes eligible.

Signaure (Required):

THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING. I AGREE in consideration for my participation in any and all USA Reining licensed and/or endorsed competitions ("Competition") to the following:

I AGREE that "USA Reining" and "Competition" as used herein includes the Licensee and Competition Management as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and USA Reining affiliates. I AGRE that I choose to participate voluntarily in the Competition with my horse as a rider, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a youth exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dagerous risks of accidetn, loss, and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I AGREE to hole harmless and releas USA Reining and the Competition from all claims for money damages or otherwise for any Harm of any nature caused by me omy horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of USA Reining or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of USA Reining or the Competition.

I AGREE to indemnify (that is, to pay any losses, damges or costs incurred by) USA Reining and the Competition and to hold them harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the USEF Rules about protective equipment including GR801 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that USA Reining encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a youth exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all the obligations of this Release on the child's behalf. I represent that i have the requisite training, coaching and abilities to safely compete in the competition.

I AGREE that if I am injured at any Competition, the medical personnel treating my injuries may provide information on my injury and treatment to USA Reining and on the official USEF accident/ injury report form. BY SIGNING the USA Reining Application, I AGREE to be bound by all applicable USA Reining rules and all terms and conditions of this USA Reining Release, Assumption of Risk, Waiver and Indemnification statement.

Payment information:	* Memberships purchased with a credit card, will incur a 5% convenience fee.
□ Check □ Visa □ Mastercard □ Amex	Card number:
Exp. Date CVV Code:	Billing Postal Code:
Cardholder:	Signature:

beand **30**. date p is hich n and are ne USA . To be eligible for USA **Reining year-end** awards, you must be a USA Reining member in good standing. By submitting this application, you agree all information is correct and you agree to abide by **USA Reining Rules** and Regulations.