

2021 Application for Membership



USA REINING
UNITED. INDIVISIBLE. FOR ALL.

Membership Type: \$55
☐ New Member
☐ Membership Renewal

Please return application and payment by mail to:
**USA Reining, 13181 US Hwy 177
Byars, Okla. 74831**

Member Information: Date of Birth: ____/____/____ Nationality: _____

Name: _____ Email: _____

Physical Address: _____

City, State: _____ Postal Code: _____

Phone Number: _____ ☐ Home ☐ Cell

Check one: ☐ Professional ☐ Amateur ☐ Youth ☐ General
Para Reining: ☐ Grade 5 ☐ Grade 4 ☐ Grade 3 ☐ Grade 2 ☐ Grade 1

Signature (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 AGREE 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 dangerous risks of accident, loss, and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I AGREE to hold harmless and release USA Reining and the Competition from all claims for money damages or otherwise for any Harm of any nature caused by me or my 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, damages 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.

USA Reining Membership year begins on Dec. 1 and expires Nov. 30. The effective date of membership is the date on which the application and correct dues are received by the USA Reining office. 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.

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 Address: _____

Cardholder: _____ Billing City, State: _____

Signature: _____ Billing Postal Code: _____