

# ILRHA Membership Form



Membership Year: \_\_\_\_\_

Please fill out the form accurately and completely. All names must be listed exactly as they appear on your ARHA membership card. Family membership includes spouses and / or all dependent children. Each family member applying for membership must be listed if purchasing family membership. Each applicant MUST sign. All minor children under the age of 18 MUST have a parent or guardian signature. Use only one form per membership type. For family membership with more than three children, additional children must be listed on a separate membership form.

**MAIL CHECKS TO: ILRHA MEMBERSHIP  
C/O CHERYL ROELFSEMA  
3129 E 27TH ROAD  
MARSEILLES, IL 61341**

By signing you agree to abide by the rules of the American Ranch Horse Association and the Illinois Ranch Horse Association. **PLEASE PRINT LEGIBLY!**

**MEMBERSHIP TYPE**  Individual (\$30)  Family (\$50)  Youth (\$15)  New or  Returning

**MAIN MEMBER** Name: \_\_\_\_\_ ARHA #: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**IF YOUTH** Date of Birth: \_\_\_\_\_

**IF FAMILY** Spouse Name: \_\_\_\_\_ ARHA #: \_\_\_\_\_ Signature: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ARHA #: \_\_\_\_\_ Signature: \_\_\_\_\_

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Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ARHA #: \_\_\_\_\_ Signature: \_\_\_\_\_

Upon Purchase of an ILRHA membership, member agrees to abide by the By Laws and Rules and Regulations of ARHA and ILRHA. An ILRHA membership is not required to participate in an ILRHA event as long as the participant provides proof of a current ARHA membership, but an ILRHA membership may be required to be eligible for individual show and/or year-end points and awards.

I apply to participate in or observe equine events provided and sponsored by the Illinois Ranch Horse Association (ILRHA). By signing this Release of Liability, I understand that my involvement in a Ranch Horse Event will expose me to above normal risks due to the unpredictable behavior of horses and their reactions to surroundings of unfamiliar objects, sounds and cattle. Examples of these risks include: collisions, kicking, biting, rearing, bucking, striking, rolling, bolting, and trampling. I understand that horses have a tendency 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 horse related activities. I agree that I am responsible for my own safety. I agree that I have my own medical coverage. I agree that the ILRHA, their members, employees, and agents will not be liable if I suffer personal injury or death. I agree not to bring any claims, demands or lawsuits against ILRHA, their members, employees or agents. I agree that if ILRHA, their members, agents or employees are sued by anyone else because of claimed conduct by myself, I will indemnify and hold them harmless from all damages and costs, including reasonable actual attorney fees. I agree that by signing this release it becomes binding on me, my heirs and assigns, and thus I am allowed to participate in ILRHA activities or ride on property rented or in use for events. I agree that, THIS RELEASE CONSTITUTES A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE ILLINOIS EQUINE LIABILITY ACT. I agree that Illinois law governs the enforceability of this release. I acknowledge that I have read this waiver and liability release and I fully understand it, I am 18 years of age or older, and that I am signing this release on my own behalf (or on the behalf of my minor children), our heirs, representatives and assigns. I understand that I am responsible for my own financial loss in relation to any theft or damage to my tack, equipment, vehicles, trailers, and horses while on the premises where and Equine event is held.

## OFFICE USE ONLY

**DATE RECEIVED:** \_\_\_\_\_ **AMOUNT RECEIVED:** \_\_\_\_\_ **SHOW TAB  OR CHECK #:** \_\_\_\_\_