Kentucky Mountain Saddle and Spotted Mountain Horse Association
P. O. Box 1405 • Georgetown, KY 40324
859-225-5674 (office) • 859-252-9639 (fax) • office@kmsha.com (email)

2016 TRAIL RIDERS CLUB

Name: Mr. Mrs. Ms. _____
First Last

Address _____
City State Zip

Phone _____ (home) _____(work/cell)

E-Mail _____

Check one: ☐ New $45 for first Year

☐ Renewal $30 for each additional year

By signing below and/or tendering this membership application, I/we agree, as a condition of acceptance, to abide by the Bylaws, Rules and Regulations of the KMSHA/SMHA. I/We agree to cooperate with the disciplinary processes of the KMSHA/SMHA and any organization or group which sponsors KMSHA/SMHA events or shows and comply with all final applicable decisions determined by that process. In addition, I/we will assume full responsibility for all acts committed by the minor members of our family, if applicable and further agree that minor members of our family will also cooperate will also cooperate with the disciplinary processes of the KMSHA/SMHA and comply with any such final applicable decisions determined by that process without consideration of their minor status. I/we for ourselves and on behalf of the minor members of our family hereby agree to indemnify and hold harmless the officers, directors, employees, or agents of the KMSHA/SMHA and their sanctioning organizations or clubs from and against all claims, including any injury or loss suffered during or in connection with any activities relating to the KMSHA/SMHA or as a result of their carrying out their duties, whether or not such claim, injury, or loss resulted directly or indirectly, from the negligent acts or omissions of the aforementioned individuals, companies, or their employees or agents, except for criminal acts, willful or intentional misconduct or wanton or reckless disregard for human rights or safety.

Signed: _____ Date: _____

For Office Use Only: Date Paid: _____ Amount: _____ Expiration Date: _____
Reg: _____ PL: _____ Mag :_____ Card: _____