

# 2010

**Membership Application**  
**Fort Armstrong Horsemen's Association (FAHA)**  
**Membership Year is April 01, 2010 to April 01, 2011**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Family membership is two adults and children under age 21 living in the same household.  
Please list names of family members and ages of children:

_____	Individual Membership	\$25.00
_____	Family Membership	\$35.00
_____	Trail Map	\$5.00
	Total:	_____

**Adult #1 Name:** \_\_\_\_\_

**Adult #2 Name:** \_\_\_\_\_

**Children:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Mail form with **check payable to FAHA** to:

**Butch & Diana Lorant**  
**331 Rumbaugh Road**  
**Apollo, PA 15613**

Phone: 724-478-1540

**PLEASE SIGN HOLD HARMLESS AGREEMENT/RELEASE WAIVER ON BACK**

---

# 2010

## *Hold Harmless Agreement / Participant Release Waiver*

On behalf of Fort Armstrong Horseman's Association / Foundation, Operator of Crooked Creek Horse Park, Manor Recreation Area, Ford City, PA

This is a release for all FAHA Events and Activities during the Membership Year 2010 through the close of the membership year on April 01, 2011 and includes those members indicated on the membership application and as listed below.

### ***PLEASE READ CAREFULLY BEFORE SIGNING!!!***

#### **EVENT SPONSORS AND CLUB ADMINISTRATORS DO NOT ASSURE YOUR SAFETY**

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participants family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

I acknowledge that I, Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, Participant, Parent or Legal Guardian, do carry personal liability insurance now in force.

I acknowledge that I, Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, Participant, Parent or Legal Guardian, et.al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me, or my dog at this show, activity or event.

***I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read and understand the above agreement and release.***

***Child #1:*** \_\_\_\_\_ ***Child #3:*** \_\_\_\_\_  
***Child #2:*** \_\_\_\_\_ ***Child #4:*** \_\_\_\_\_

_____	_____	_____
<b><i>Name of Parent/Guardian Adult #1 (Please Print)</i></b>	<b><i>Signature of Parent/Guardian Adult #1</i></b>	<b><i>Date</i></b>
_____	_____	_____
<b><i>Name of Parent/Guardian Adult #2 (Please Print)</i></b>	<b><i>Signature of Parent/Guardian Adult #2</i></b>	<b><i>Date</i></b>

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_