

FIRST PFHA REGION RECOGNIZED in ... 10 YEARS!!

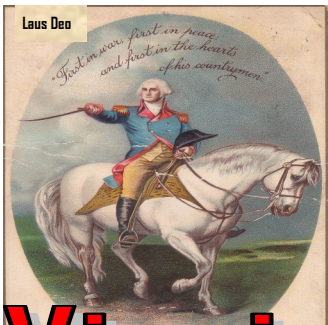
Honors Virginia Presidential Amateur Owners and Youth

Membership Application Virginia Presidential Paso Fino Horse Association, Inc. refernced VAPPFHA

Website: www.VAPPFHA.com - Phone: 1-888-VAPPFHA - Email: Info@VAPPFHA.com

Fax: 1-540-740-9497 - Phone: 615-522-8138 - Mail: P.O.Box 12 - Mt.Jackson,Virginia 22842

Members supporting one another through genuine interests in our fellowship !



Virginia Presidential PFHA

APPLICATION STATUS NEW ___ RENEWAL ___ FREE Annual Membership /1ST TIME PASO FINO HORSE BUYER Name of Member you purchased your horse _____

Various Memberships Available. YOU DO NOT NEED TO OWN HORSES OR BE A PFHA MEMBER TO JOIN. SEE BELOW INFORMATION CONCERNING STATUS OF MEMBERSHIPS AVAIL.

Name of Applicant _____ DOB / / Spouse _____ DOB / / Jr.Members _____ DOB / /
DOB / / , _____ DOB / / , _____ DOB / / THANK YOU FOR THE BIRTHDATES SO WE MAY SEND CARDS

Address _____ City _____ State _____ Zip _____
Ship to Address if Diff. _____ City _____ State _____ Zip _____

Email _____ @ _____ Website _____ @ _____

Ph.# _____ Cell# _____ Work# _____ Fax# _____

Business Name for Corporate/Farm Membership _____ #Horses You Own _____

Your Interests Profile SHOW ___ PL.TRAILRIDING ___ COMPETIVE TRAILRIDES ___ BREEDING ___ SALES OF YOUR HORSES ___ OUR ADVERTISING ___
CLINICS ___ EDUCATION EVENTS ___ FUN SHOWS ___ RIDING LESSONS ___ SOCIAL EVENTS ___ TRAINING ___ OTHER DSCRIBE _____

WOULD YOU BE INTERESTED IN HOSTING AN EVENT ? IF SO WHERE, WHAT KIND OF EVENT, AND WHEN IS CONVENIENT _____

WOULD YOU BE INTERESTED IN CHAIRING OR HELPING WITH VAPPFHA RESPONSIBILITIES? _____ WHAT INTERESTS YOU MOST? _____

MARK THE TYPE OF MEMBERSHIP THAT YOU WISH TO PURCHASE—Mark here _____ to designate Va.Presidential PFHA,Inc. to vote your PFHA member votes.

Membership Dues & Form Valid for One Year from date of Joining and dues paid with Virginia Presidential PFHA, Inc. Unless Lifetime Membership was purchased.

Individual _____ \$30 Annual Dues, Lifetime Member \$250 Dues.-Must be 18 yrs. or older, Membership Voting one Vote provided you meet requirements to be a voting member.

Family/Farm _____ \$40 Annual dues, Lifetime Family \$350 Dues-at least two Members in the Family 18 years or older & all Jr. Members of same household.

Two Virginia Presidential PFHA,Inc. Votes if you meet requirements to be a voting member. Voting members must be member in good standing with PFHA and VAPPFHA

Jr. Member _____ \$15 must be under 18 years of age by Oct. 1st of that year. No Voting Rights with this Jr. Membership with the organization.

Associate Member _____ \$20 Individual or entity wishing a Subscription to VAPPFHA Newsletter and supports VAPPFHA Corporate Activities No voting Rights within VAPPFHA

Sponsoring _____ \$50 Individual or entity as a member wishes to support the purposes and functions of this Organization Financially No voting Rights within VAPPFHA

Corporate _____ \$50 a Legal Entity with a Federal Tax ID Number Incorporated with Virginia's Secretary of State as a Virginia resident Corporation and the Princial Officers and Agents of said corporation a resident of Virginia then I vote within this organization otherwise , there will be no voting rights without the residency requirement being satisfied.

Temporary Membership _____ \$5 for participation in a Specific Virginia Presidential PFHA, Inc. Event Maximum membership period total days 7. No PFHA Voting Rights



SPECIAL LIFETIME MEMBERSHIPS DISCOUNT IF YOU APPLY FOR MEMBERSHIP PRIOR TO MIDNIGHT OCTOBER 31, 2010

Individual Lifetime Discounted Dues \$125 (Save 50%) Same Membership Rights as stated in Individual Annual Membership above

Family/Farm Lifetime Discounted Dues \$175 (Save 50%) Same Membership Rights as stated in Family Annual Membership above.

SIGN BELOW AND ON THE BACK THE LIABILITY RELEASE TO BECOME OFFICIAL MEMBER OF VIRGINIA PRESIDENTIAL Paso Fino Horse Association, Inc.

SIGNED _____ DATE / / _____ SIGNED _____ DATE / / _____

SIGNED _____ DATE / / _____ SIGNED _____ DATE / / _____

You may pay your dues by credit card, check, or cash. Credit Card payment is available online at the website of www.VAPPFHA.com

Name on Card _____ Card # _____ Expire Date ___/___/___

Zip code of Billing Address _____ Amount to Charge your Card or due \$ _____ Authorize Sign _____

THANK YOU FOR JOINING VIRGINIA PRESIDENTIAL, MAY YOU BE BLESSED ! Visit our services, Let us hear from you & Enjoy!

FALLING IN LOVE ALL OVER AGAIN

View Voting Rights of Virginia Presidential Paso Fino Horse Association,Inc. Official By Laws of the Association at Virginia Commonwealth Corporation Commission

THE VIRGINIA PRESIDENTIAL PASO FINO HORSE ASSOCIATION, INC. RESERVES THE RIGHT TO REFUSE APPROVAL OF MEMBERSHIP APPLICATIONS UPON ITS SOLE DISCRETION

BE SURE TO SIGN RELEASES ON BACK SIDE OF THIS FORM



**EQUINE ACTIVITIES RELEASE AND LIABILITY WAIVER
HORSES CAN BE VERY DANGEROUS AND UNPREDICTABLE**

Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. PLEASE READ VERY CAREFULLY BEFORE SIGNING.

I, _____, agree to hold harmless in all manner possible, the Virginia Presidential Paso Fino Horse Association, Inc. HEREINAFTER REFERRED TO AS, ASSOCIATION VAPPFHA, IT'S OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, BOARD OF DIRECTORS, AND DESIGNEES AND OTHER ASSOCIATES , USA EQUESTRIAN FEDERATION, AND THE PASO FINO HORSE ASSOCIATION, AND ALL THEIR AGENTS, EMPLOYEES, VOLUNTEERS, FROM CLAIMS FOR MONEY DAMAGES OR OTHER COMPENSATIONS FOR LOSS OR INJURY TO ME, MY HORSE(S), EQUIPMENT OR MINOR CHILDREN THAT I AM RESPONSIBLE FOR THEIR CARE OR GUARDIANSHIPS. I AGREE IN CONSIDERATION FOR MY PARTICIPATION IN ANY ASSOCIATION VAPPFHA SPONSORED OR ASSOCIATED EVENTS TO THE FOLLOWING:

I AGREE THAT I CHOOSE TO PARTICPATE VOLUNTARILY IN THE EVENT WITH MY HORSE(S) AS A RIDER, DRIVER, HANDLER, LESSEE, OWNER, BORRROWED, AGENT, TRAINER, GUEST RIDE, GUEST, PARENT OR GUARDIAN OF A MINOR PARTICIPANT. THIS EVENT OR OPPORTUNITY TO PARTICIPATE COULD BE A SHOW, TRAIL RIDE, CLINIC, OR OTHER RELATED ACTIVITIES. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS, EQUINE ACTIVITIES OF ANY SORT, OR OTHER RELATED ACTIVITIES INVOLVE INHERENTLY DANGEROUS RISKS OF ACCIDENT, LOSS, SUFFERING, DISABILITY AND POSSIBLE DEATH "HARM" IN MANY MANNERS AND ACCIDENTS OR NEGLIGENCE .

I AGREE TO RELEASE THE USA EQUESTRIAN, PFHA, AND THE ASSOCIATION VAPPFHA, AND ALL OTHER PERSONS LISTED ABOVE WITHIN THIS DOCUMENT , SPONSORED EVENTS OR MEETINGS FROM ALL CLAIMS OF MONEY DAMAGES OR OTHERWISE ANY COMPENSATIONS WHATSOEVER , FOR ANY HARM TO ME, AND OR AS A PARENT OR GUARDIAN OF A MINOR CHILD TO THAT CHILD OR CHILDREN, OR MY HORSE OR PROPERTIES, FOR ANY HARM CAUSED BY ME OR TO ME OR MY HORSE TO OTHERS, EVEN IF THE HARM RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENCE OF THE PFHA, USA EQUESTRIAN FEDERATION, ASSOCIATION VAPPFHA AND OTHERS NAMED PARTIES TO THIS DOCUMENT IN ABOVE PARAGRAPHS OR FOLLOWING PARAGRAPHS OR THE "EVENT" OR "MEETING".

I AGREE TO EXPRESSLY ASSUME ALL RISKS OF HARM TO ME OR MY HORSE OR MINOR CHILDREN THAT I AM GUARDIAN OR PARENT OF CHILD OR CHILDREN , RESULTING FROM NEGLIGENCE OF THE USA EQUESTRIAN FEDERATION, THE PFHA, THE ASSOCIATION VAPPFHA AND ALL OTHER PERSONS SPECIFIED IN THIS DOCUMENT FOR THE PURPOSE OF THIS RELEASE AND WAIVER, AND THEIR EVENT , MEETING, OR ACITVITIES WHATSOEVER.

I HAVE READ THE USA EQUESTRIAN RULES, PFHA RULES, VAPPFHA RULES, AND THE VIRGINIA EQUESTRIAN ACTIVITY LAW AND UNDERSTAND SAID RULES AND LAWS GOVERNING EQUINE ACTIVITIES INCLUDING ARTICLES 318 AND 1712, AND UNDERSTAND THAT I AM ENTITLED TO WEAR OR USE PROTECTIVE EQUIPMENT WITHOUT PENALTY AND I ACKNOWLEDGE THAT THE USA EQUESTRIAN FEDERATION, THE PFHA, AND ASSOCIATION VAPPFHA STRONGLY RECOMMEND AND ENCOURAGE ME TO DO SO WHEN PARTICIPATING IN ANY MANNER WHATSOEVER.

IF I AM THE PARENT OR GUARDIAN OF A MINOR EXHIBITOR, OR PARTICAPTE IN EQUINE ACITVITIES, I CONSENT TO THE CHILDS PARTICIPATION AND AGREE TO ALL OF THE ABOVE PROVISIONS AND AGREE TO ASSUME ALL AND ANY OF THE OBLIGATIONS OF THIS RELEASE ON THE CHILD'S BEHALF.

I AGREE THAT THE USA EQUESTRIAN FEDERATION, PFHA, AND ASSOCIATION VAPPFHA AND THEIR EVENTS AND OR MEETINS AS USED ABOVE ALSO INCLUDE ALL OF THEIR OFFICIALS, OFFICERS, BOARD OF DIRECTORS, DIRECTORS , EMPLOYEES, AGENTS, PERSONNEL , VOLUNTEERS, ASSOCIATES, AND AFFILIATED ORGANIZATIONS. THIS RELEASE ALSO RELEASES THE BOARD OF DIRECTORS, OFFICERS, AND VOLUNTEERS FROM ANY LEGAL TRANSACTION DUE TO THEIR NEGLIGENCE OR ERROR IN THEIR POSITION CONTRACTURALLY, OR OTHERWISE FROM ALL LIABILITY AND RESPONSIBILITY OR HARM DAMAGES MONETARY OR COMPENSATION WHATSOEVER AS FAR AS THE LONG ARM OF THE LAW IS TO ACCOMMODATE DAILY OPERATIONS OF A NON PROFIT CORPORATION WITHIN THE COMMONWEALTH OF VIRGINIA.

BY SIGNING BELOW , I FURTHER AGREE TO BE BOUND BY ALL APPLICABLE USA EQUESTRIAN FEDERATION, PFHA, ASSOCIATION VAPPFHA, AND THEIR AFFILIATES RULES WHATSOEVER. I AGREE I HAVE READ AND UNDERSTAND FULLY THIS DOCUMENTS AND ALL RULES OF ABOVE ORGANIZATIONS AND UNDERSTAND THEM FULLY. ALL AGREEMENTS AND CONSIDERATIONS STATED IN THIS DOCUMENT WILL BE CONSIDERED INTERPETED UNDER THE STATE OF VIRGINIA COMMONWEALTH LAWS .

MEMBER NAME/GUEST NAME PRINT PFHA # SOCIAL SECURITY # SIGNATURES

DATE / / _____

DATE / / _____

DATE / / _____

IF SIGNING ON BEHALF OF/FOR A MINOR CHILD LIST THE FULL NAMES OF THESE CHILDREN OF YOU AS A PARENT AND AS A GUARDIAN
HERE _____

PRINT YOUR NAME AS GUARDIAN / PARENT _____

YOUR SIGNATURE _____ DATED _____

LOCATION OF all YOUR SIGNATURES CITY & STATE. _____