



Fox Valley Saddle Association

Mailing address: P.O. Box 481 Elgin, IL 60121
Location: Corner of Rohrsen & Tower Roads, Hampshire, IL 60140
WEB Site: www.fvsa.org Phone: 847-464-4355

Membership Application

Date: _____

Applicant's Name: (Print Clearly): _____
Last First M.I.

Spouse's Name: (Print Clearly): _____
Last First M.I.

Address: _____
Street Address City Zip Code

Phone: _____ Email _____

Family members names and birth dates:

Club member sponsoring the applicant (Print clearly) _____

Have you previously been a Fox Valley Saddle Association Member? YES NO

Do you own horses? YES NO If yes, how many? _____

Are you willing to volunteer your time to work with various committees that promote diversified equine activities through educational, recreational and agricultural programs supported by Fox Valley Saddle Association? YES NO

What are your areas of interest for volunteer hours? (check all that apply):

<input type="checkbox"/>	Auctions	<input type="checkbox"/>	Dressage Shows	<input type="checkbox"/>	Driving Shows
<input type="checkbox"/>	Education Seminars	<input type="checkbox"/>	Grounds/Maintenance	<input type="checkbox"/>	Hunter Shows
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Mini Events	<input type="checkbox"/>	Open Shows
<input type="checkbox"/>	Play Nights	<input type="checkbox"/>	Work Days	<input type="checkbox"/>	Rentals
<input type="checkbox"/>	Social Committee	<input type="checkbox"/>	Speed Shows	<input type="checkbox"/>	Trail Rides

Do not write below this line

(Office use only)

Date of Acceptance: _____ Date of Directors Meeting: _____
Date of attendance at general membership meeting: _____

The following Board of Directors accepted this application. (Signatures)



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Disclaimer and Signature

As part of the consideration for the privilege of being a member of the FOX VALLEY SADDLE ASSOCIATION, the undersigned agrees to save and hold the FOX VALLEY SADDLE ASSOCIATION, its successors, employees, agents, and any other person, firm or corporation for whose actions, or lack of action, said FOX VALLEY SADDLE ASSOCIATION is or may be responsible, harmless from any and all claims, demands and actions of every kind and nature, arising out of, or relating to said membership of activities of the FOX VALLEY SADDLE ASSOCIATION, even though said claims, demands and actions result from or relate to the fault or negligence of FOX VALLEY SADDLE ASSOCIATION.

It is further agreed that the undersigned will protect and defend the FOX VALLEY SADDLE ASSOCIATION, its successors, employees, agents and other person, firm or corporation for whose actions, or lack of action, it is, or may be, responsible and make good losses, damages and costs, including attorneys' fees, in investigation, defending, settling, paying and judgment or otherwise resulting from or relating to any claims, demands and actions as aforesaid.

Words or phrases used in the singular shall apply in the plural and vice versa, where applicable.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE FOREGOING WAIVER AND INDEMNITY AGREEMENT. THE UNDERSIGNED IS OF ADULT YEARS AND SIGNS THIS WAIVER AND INDEMNITY AGREEMENT AS HIS OR HER FREE AND COLUNTARY ACT.

I FULLY UNDERSTAND THAT UNDER THE EQUINE ACTIVITY LIABILITY ACT, IT EXPRESSLY PROVIDES:

“WARNING -Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.”

Date: _____

Name(s): _____
Applicant (Print) Spouse (Print)

Signature(s): _____
Applicant Spouse

Signature of Parent or Legal Guardian if Under 18:

Address: _____
Street City ZIP Code

Phone: _____
Area code Number

Signature of Witness:
