P.O. Box 171 A Serving T	<b>ER VALLEY HORESMEN</b> Apple Valley, CA 92307 V <b>The High Desert Communit</b> EMBERSHIP APPLICATIC	Vebsite: mrvha.com t <i>y Since 1977</i>
		Current Date
Last Name	First Name	Birth Date
Last Name (Spouse/Significant Other)	First Name (Spouse/Significant Other)	Birth Date
Address		Phone
City	Zip Code	
Email (You will be notified of me Children:	cetings and show dates by email)	
Last Name	First Name	Birth Date
Last Name	First Name	Birth Date
Last Name Type Of Membership:	First Name	Birth Date
		mily \$30 5 (17 & Under-no voting privileges)
By signing this Membership Application, Member agrees to Member acknowledges that every entry at a MRVHA Show trainer, agent, coach, driver, rider, and the horse, or any of aware that horse sports and related competitions involve in or losses, and they agree to hold MRVHA, their officers, bo any injury or loss resulted directly from the negligent acts of itors and spectators. All exhibitors 17 and under are always the parent/guardian of the exhibitor at the time you register	shall constitute an agreement and affirmation that the per their agents or representatives acknowledge that they part herent dangerous risks and by participating, they express ard of directors, officials, employees, volunteers, members or omissions of said officers, board of directors, officials, en required to wear a helmet, if you choose not to wear a hel	rson making it, along with the owner, lessee, icipate voluntarily in the competition fully y assume any and all risks of injuries and/ s, other exhibitors and specators harmless for mployees, volunteers, members, other exhib-
Signature	Parent's Signature F	or Junior (no voting privileges)

00325