



LAS CRUCES HORSEMAN'S ASSOCIATION

ENTRY & RELEASE OF LIABILITY

EVENT _____

LOCATION _____

DATE _____

Official Use Only

Date: _____

Cash _____

Check # _____

Amount: \$ _____

Received by: _____

Revision date 10-1-24 LM

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE (best contact)	Home Work Mobile
EMAIL	

LCHA
MEMBER?
YES / NO

Names of All Family Members (riding and non-riding) (list additional members on back)	Birth Dates: Age Group is determined by age as of Jan 1 st of each year.	Permission given for photos of this person? Please initial below also

I hereby give Permission

for all family members listed above to participate in any and all activities of the **Las Cruces Horseman's Association**. The **LCHA, it's officers, directors, officials and employees** are hereby released, acquitted and discharged from any claim for damage to person, horse or property during the course of shows, gymkhanas, trail rides, social functions, or any other sponsored organized activity, including transportation to or from activities, and in the regard, I hereby covenant that on my own behalf and for my spouse and/or child/children not to file claim or bring suit with respect to any such injury.

RELEASE OF LIABILITY ALSO APPLIES TO OWNERS AND EMPLOYEES OF FACILITY HOSTING ANY LCHA EVENT.

SIGNATURE BELOW AFFIRMS RELEASE OF LIABILITY AND ANY FORM OF LAWSUIT AGAINST THOSE MENTIONED.

_____ (Please initial) I also give permission for photos of myself and my family members listed above to be used in promotional materials and online (LCHA website and Facebook or other social media) to promote or advertise LCHA events.

My signature below indicates that all family members listed above understand and will abide by the rules of the Las Cruces Horseman's Association.

This form must be signed by Adult, parent or guardian or it will not be accepted.

Return form and dues payment to:

**LCHA
PO Box 132
Mesilla Park, NM 88047**

Signature of Applicant (or parent/guardian if applicant is under 18)

Date: _____