

Tri-State Dressage Society Membership Application

The Tri-State Dressage Society is a USDF Group Member Organization. As a member of the TSDS you will receive a USDF individual membership card and the USDF publications. You will have TSDS voting rights, receive the TSDS newsletter, and be eligible for all benefits and programs provided to TSDS members. The TSDS membership year is from December 1 thru November 30. Your automatic USDF Group Membership runs from December 1 thru November 30. Family Membership Applications indicate a person to be designated as USDF Individual Member Note: All newsletters will be electronic, no newsletters will be sent by mail.

Membership Category: _____ Individual-\$45 (TSDS Membership)
 _____ Family-\$75 (Two adult spouses & 1 junior OR 1 Adult & 2 Juniors)

Names: _____ DOB _____ Primary/Supporting USDF# _____

ADDRESS: _____

PHONE:() _____ E-MAIL:(required) _____

List additional family members for Family Membership here:

Names: _____ DOB _____ Primary/Supporting USDF# _____

ADDRESS: _____

PHONE:() _____ E-MAIL:(required) _____

Names: _____ DOB _____ Primary/Supporting USDF# _____

ADDRESS: _____

PHONE:() _____ E-MAIL:(required) _____

\$_____ Voluntary Contribution to support TSDS programs. Thank You!

Release, Assumption of Risk, Waiver and Indemnification

I agree in consideration for my participation in this Competition/Clinic which may be recognized by Tri-State Dressage Society, United States Dressage Federation (USDF) or United States Equestrian Federation (USEF) to the following agree that I choose to participate voluntarily in the Competition/Clinic with my horse, as a rider, driver, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition/Clinic involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, spinal cord injuries, trauma, pain suffering, or death (harm). I agree to release Tri-State Dressage Society and any recognizing entities, the officers, board members and volunteers of Tri-State Dressage Society, the Competition/Clinic and facility from all claims for money damages or otherwise for any harm to me or my horse and for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of Tri-State Dressage Society or the Competition/Clinic. I agree to expressly assume all risks of harm to my horse, or me including harm resulting from the negligence of Tri-State Dressage Society or the Competition/Clinic. I agree to indemnify (that is, to pay any losses, damages, or costs incurred by) Tri-State Dressage Society or the Competition/Clinic and to hold them harmless with respect to claims for harm to my horse, or me and for claims made by others for any harm caused by me or my horse at the Competition/Clinic. I have read the USEF rules about protective equipment, including Articles 318 and 1712, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USEF and TSDS strongly encourages me to do so while above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

WARNING: Under Louisiana Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine related activities resulting from the inherent risks of equine activities, pursuant to RR 9:2795.1. I acknowledge the warning that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all the liability and obligations of this release on the child's behalf. I agree that Tri-State Dressage Society, the Competition/Clinic and facility as used are held harmless from such.

By signing below, I agree to be bound by all the above and provisions of this entry blank.

SIGNED: _____ DATE: _____

(IF JUNIOR MEMBER, THIS MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN) Please
mail this form with check payable to **Tri-State Dressage Society**: PO BOX 83, Benton, LA 71006