



2018 MEMBERSHIP APPLICATION  
 FORT ARMSTRONG HORSEMEN'S ASSOCIATION  
 www.crookedcreekhorsepark.com



## Hold Harmless Agreement / Participant Release Waiver

We reserve the right to refuse/deny membership to any person(s) without appeal by order of the Board of Directors of FAHA. Decisions of the Board of Directors are final.

On behalf of Fort Armstrong Horsemen's Association & Foundation, (FAHA) Operator of Crooked Creek Horse Park, Manor Recreation Area, Ford City, Pennsylvania. This is a release for all FAHA Events and Activities during the membership year 2018 through the close of membership year on March 31, 2019 and includes those members listed on the membership application and as listed below.  
 Please Read Carefully Before Signing

**EVENT SPONSORS AND CLUB ADMINISTRATION DO NOT ASSURE YOUR SAFETY**

I acknowledge that I, Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, Participant, Parent or Legal Guardian. Hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal.

I acknowledge that I, Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and my animals, and that I acknowledge that I, Participant, Parent or Legal Guardian, do carry personal liability insurance now in force.

I acknowledge that I, Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant's family members for injuries or property damage that I or my family may incur, and that I acknowledge that I, Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

***I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read and understand the above agreement and release.***

(Name of Adult #1 (Please Print))	(Signature of Adult # 1)	Date
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(Name of Adult #2 (Please Print))	(Signature of Adult # 2)	Date
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Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_ Child #4: \_\_\_\_\_

Child #5: \_\_\_\_\_

**MAIL FORMS & CHECK MADE PAYABLE TO:  
 FAHA**

**MAIL TO: Fort Armstrong Horsemen's Association  
 C/o Tracy Huffman PO Box 124 - Apollo, PA 15613  
 Membership Contact # 724-681-6665 Email: [crookedcreekhorsepark@gmail.com](mailto:crookedcreekhorsepark@gmail.com)**



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**Membership Year is April 1, 2018 to March 31, 2019**

(Please Note: This is a 2-page form) Sign the Hold Harmless Agreement/Release Waiver on page 2 and return all necessary forms with your payment. Memberships will NOT be processed unless all necessary pages are completed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Family membership is two adults and children under the age of 21 living in the same household. Please list the names of family members and ages of children. All children MUST have a medical authorization form on file with FAHA prior to participation IN ANY EVENT:

Individual Membership: \$25.00\*  Trail Map \$5.00

Family Membership: \$35.00\*  Newsletter mailed: \$5.00

**\*After April 1, 2018 - Price increases \$10**

TOTAL DUE: \_\_\_\_\_

Adult #1 Name: \_\_\_\_\_

Adult #2 Name: \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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