Membership Application

AGE

Name: _____ **Children:** _____

Spouses Name: _____ **Names:** _____

Address: _____

City/State/Zip: _____

Home No.: _____

Cell No.: _____ **Other No:** _____

Email Address: _____

Prefered Method of Contact: Email - Phone - Text Message - Snail Mail

Membership Dues - $25.00 Pick One: Single * Family * Partnership

The Northwest Missouri Stallion Owner's Futurity nor their agents will accept any liability whatsoever for any accident, injury, illness or loss which may occur to any person or their property while participating or vising any event hosted by the Northwest Missouri Stallion Owner's Futurity.

_____ _____

Signature of Participant and/or Guardian Date

_____ _____

Signature of Participant and/or Guardian Date

Both Parents <u>MUST</u> sign the Membership Forms

WARNING…

UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT LIABILITY FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI

Office Use Only

Date Collected: _____ Amt. Collected: _____

Collected By: _____ Cash or Check# _____