



THE SPARTANBURG HORSEMAN'S ASSOCIATION  
PO Box 2283 Spartanburg, SC 29304  
[www.shahorseshows.com](http://www.shahorseshows.com)

Application for Membership and Liability Waiver

MEMBERSHIP FEE \$10 per Household (renews every February)

Please complete the following information (PRINT NEATLY) and mail to the above address with membership fee OR present to a board member at the booth

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

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

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

Newsletter E-mail address: \_\_\_\_\_

*I agree, by listing address above, to receive any club information via email.*

First Name of Each Member: \_\_\_\_\_  
(Mr.) (Mrs.)

Children: \_\_\_\_\_

Type of Membership: Please check the appropriate box:

New       Renewal       Honorary       Blue Ribbon

By signing below I agree to the following:

I, as the owner/rider/handler or agent/guardian listed above, agree to abide by Spartanburg Horseman's Association club by-laws and agree to hold harmless Spartanburg Horseman's Association and their volunteers/members/other parties in the event of injury, death or loss of property that may occur, directly or indirectly in conjunction with the SHA show season pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I agree that I am 18 years of age or older or that I am the parent/custodian/agent for a rider under 18 years of age, and have the right to agree and abide by this agreement.

I agree that the names address and phone number may be published in the SHA membership directory.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature