2027 Membership Registration & Release of Liability

Date: _____ Trainer (if any): _____

- Membership is required for all exhibitors wishing to receive High Point or year end awards.
- Membership registration and fees must be received prior to showing to have your points count for that show and future shows
- Dropped show calculated for membership period only (If you are not a member for the first show, that cannot count as your dropped show).
- Youth Members are those who have not reached their 19th birthday on January 1st of the show year.
- Adult Amateur members are those who derive NO compensation from the training of horses or the instruction of riders.
- Professional Members are those who receive compensation for the training of horses and/or the instruction of riders.

Member Name:_____

Address: _____

City:_____ State:_____Zip: _____

Phone:_____e-mail address:_____

Check membership type:

☐ Youth Birth date **(required)**_____**$100 ($75 if paid by 12/31/26)**

☐ Adult Amateur Birth date **(required)**_____**$100 ($75 if paid by 12/31/26)**

☐ Professional - (Membership includes a link to your website on the SCPHA website) **$100 ($75 if paid by 12/31/26)**

My signature on this form indicates that I have read and understand the rules of SOUTHERN CALIFORNIA PROFESSIONAL HORSESHOW ASSOCIATION and agree to be bound by said rules.

I acknowledge that horseback riding is a sport that carries inherent risks of injury and damage to horse, property and myself. I knowingly assume all risks, whether known or unknown, of horseback riding or the handling of horses.

I hereby release the Southern California Professional Horseshow Association (Hereafter referred to as SCPHA) from all liability for any act of negligence or want of ordinary care on the part of SCPHA and or any of its agents. In consideration of my participation in events organized or sponsored by SCPHA I waive, release, and discharge SCPHA and their directors, officers, agents and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation in SCPHA events. This agreement is binding upon my executors, heirs, and assigns.

I expressly waive any right I may have under California Civil Code 1542 which states: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing this release, which if know by him might have materially affected his settlement with the debtor.”

I agree that I will indemnify and hold harmless SCPHA and their officers, directors, members, and agents against all claims, demands, and causes of action, including court costs, and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which the release is upheld.

SCPHA, its agents or employees shall not be liable for any damage, which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Signature:_____ Date: _____

This form must be signed in order for membership to be complete.

MINORS: DO NOT SIGN THIS FORM. PARENT: SEE REVERSE SIDE.

PO Box 130266, Carlsbad, CA 92013 / 760-212-0217 / www.scpha.net

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I the undersigned parent or guardian of the above participant in consideration of my minor's participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, his animals, and property arising out of his/her participation in events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Name:_____ Phone: _____

Address: _____

City:_____ State:_____ Zip: _____

E-mail address: (please print clearly)_____

Signature:_____ Date: _____