

2009 Membership Application

SEFTA

Primary member _____

Mailing address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell number _____

MFTHBA # _____ Date of birth _____ E-mail address _____

Interests _____

Member # 2 _____ MFTHBA # _____

Date of birth _____ E-mail address _____

Work phone _____ Cell number _____

Interests _____

Please include additional members on back of form.

If you would like for your profile to be published in the monthly newsletter, please check here. You will be contacted for more information. _____

Equine Activity Sponsor Release

Hereby referred to as the "Participant" desires to engage in and hereby does engage in any and all equine activities sponsored by The Southeastern Foxtrotter Association, Inc. For and in consideration of the activities, services, and entry fees paid, receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, acquit, satisfy, and forever discharge the Equine Activity Sponsor of and from all manner of action and actions, cause, and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims and demands whatsoever, in law or in equity, which may arise or might in the future arise or herein after may arise for or against the Equine Activity Sponsor. This document is meant to be a full and complete release from any and all liability that may arise from participation in equine activity sponsored by The Southeastern Foxtrotter Association, Inc. This release is given freely and voluntarily by the Participant and is meant to remain in existence throughout the duration of the Participant's membership.

Dated the _____ Day of _____ 20_____

Signed (Participant or Legal Guardian of Minor Participant)

Individual membership is \$15. Family membership is \$25.

Make checks payable to SEFTA

Mailing Address 208 Freeman Mill Rd

Suffolk, VA 23438