

FLORIDA FOX TROTTER ASSOCIATION

The Florida Affiliate of the Missouri Fox Trotting Horse Breed Association

Membership Application/Renewal 2016

Name _____ Birth Date _____

Other Family Members Wishing to Join _____ Birth Date _____

Other Family Members Wishing to Join _____ Birth Date _____

Other Family Members Wishing to Join _____ Birth Date _____

Address _____

Phone _____ Fax _____ e-mail _____

*******NOTE: All newsletter will be sent via email. *******

Your specific interests: Clinics _____ Shows _____ Trail Riding _____ Other _____

Member of MFTHBA? Name _____ yes no membership # _____
Name _____ yes no membership # _____

DUES: _____ Single Membership: \$15.00 _____ Family Membership: \$25.00

Please make your checks payable to the Florida Fox Trotter Association. Thank you.

Hold Harmless Release

For and in consideration of the activities, services and fees paid, Participant hereby does forever and finally release, remise, acquit, satisfy and forever discharge the Florida Fox Trotter Association (FFTA) of and from all manner of action and actions, cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, executions, claims and demands whatsoever, in law or in equity, which may arise for or against the FFTA for the activities of the Association. This document is meant to be a full and complete release from any and all liability that may arise from participating in the activities of the FFTA. This release is given freely and voluntarily by the Participant.

Signed (include legal guardian under 18 years of age) _____ Date _____

Other Family Member(s) _____ Date _____

Please submit this form and your membership fee to:

**Florida Fox Trotter Association
95260 Barbaras Place
Fernandina Bch, FL 32034**

Revised: December 2015