

2009 Paris Rodeo & Horse Club Annual Membership Form

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

*Email Address _____

Membership Year	Date Paid	Amount	Method of Payment	Officers Initials
2009	_____	\$ _____	CK# _____ CASH	_____

Dependents under 18 years of age (as of November 1st):

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Membership = \$25.00 Total Enclosed: \$ _____

As a member of the Paris Rodeo & Horse Club, your e-mail address will be added to receive online announcements. Please indicate below if you would like to be added.

- Yes, please add my e-mail.
- No, please do not add my e-mail.

For and in consideration for membership in the PARIS RODEO AND HORSE CLUB, I hereby release the PARIS RODEO AND HORSE CLUB and any other organization or individual in charge of or connected with the PARIS RODEO AND HORSE CLUB from any and all claims and/or liability from any accidents, injury, damage or loss incurred or suffered by me or anyone in my charge or care no matter what the nature or cause and I further agree to indemnify and hold harmless the PARISRODEO AND HORSE CLUB and any other organization or individual in charge of damages, costs, charges, expenses, legal fees or any other loss or expense incurred by said organizations or the individuals connected there to resulting from any accident, injury, damage or loss incurred or suffered by any third party resulting from any acts or actions on my part or by anyone in my charge, whether such acts were intentional, accidental, or negligent which caused or contributed to the cause of such accident, injury, damage or loss incurred or suffered by such third party. I do hereby certify that I have read the foregoing and agree to the same and further agree to abide by all rules and regulations of the PARIS RODEO AND HORSE CLUB and state that I am qualified for membership therein.

Signed _____ **Date** _____

**SEND YOUR MEMBERSHIP FORM AND CHECK PAYABLE TO
Paris Rodeo & Horse Club – PO Box 766 – Paris, Texas 75461-0766**

RECEIPT FOR PAYMENT

Membership Year	Date Paid	Amount	Method of Payment	Officers Initials
2008	_____	\$ _____	CK# _____ CASH	_____