



To Join LASH or to renew LASH Memberships Year 2020

Complete this form and return with membership fee to the Louisiana Stock Horse Association. Be a member of a fast-growing, fun organization of western stock horse enthusiasts.

Name: _____

Phone: _____ Work: _____ Cell: _____

E-mail: _____

Name of Ranch, Business, Organization, etc.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

<input type="checkbox"/> \$50 Single Annual Membership
<input type="checkbox"/> \$75 Family Annual Membership
<input type="checkbox"/> \$20 Single Event Day Permit (points do not count)

ATTENTION Youth

– Please include a birthdate for all youth members

Please check your Zone:

<input type="checkbox"/> Zone A	Acadia, Allen, Beauregard, Calcasieu, Cameron, Evangeline, Jefferson Davis, Rapides, Vermilion, Vernon
<input type="checkbox"/> Zone B	Bienville, Bossier, Caddo, Caldwell, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Franklin, Grant, Jackson, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Red River, Richland, Sabine, Tensas, Union, Webster, West Carroll, Winn, and all out of state members
<input type="checkbox"/> Zone C	Assumption, Avoyelles, Iberia, Iberville, Lafayette, Lafourche, Pointe Coupee, St. Landry, St. Martin, St. Mary, Terrebonne
<input type="checkbox"/> Zone D	Ascension, East Feliciana, East Baton Rouge, Livingston, St. James, St. John the Baptist, Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Helena, St. Tammany, Tangipahoa, Washington, West Baton Rouge, West Feliciana,

List all family members

Warning:

Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R.S. 9:2795.3.

By my signature below, I hereby acknowledge that I understand the risks involved in riding horses and/or cow work and voluntarily assume those risks. I agree that I will not hold LASH nor any of the directors, officers, employees, volunteers, or participants liable for any injury or property damage rising out of or caused by this horse clinic/competition held. I also agree that LaSH has my permission to use my name/picture on the webpage or in articles or other media. I have read this release and understand its terms.

Participant signature: _____

Parent or legal guardian if participant is minor **Date**

Make checks payable to LaSH. Mail completed application and membership to:

Judy Weisgerber	337-238-0193 (home); 337-208-2336 (cell)
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