

HDS Membership Application – 2024 Membership Year

HDS Membership Year is December 1, 2023 through November 30, 2024

HDS is a USDF Group Member Organization (GMO) and all members are automatically USDF Group Members.

Name:		Ema	il:		
	State:				
☐ Checking this	s box indicates that you do NOT w	ant your information public	shed in an HDS directory.		
Check one: € Adult Amateur € Open € Youth		Birth	ndate:		
Please use the back of th	nis form to add additional Horse 8	& Rider Registrations. Horse	e names must match thei	r competition names:	
Horse 1 Name:		Bree	ed:		
Horse 2 Name:		Bree	Breed:		
		Bree	Breed:		
	alifies the Horse & Rider for all H least 4 HDS volunteer hours duri				
	nation (Youth under 18 ONLY)				
Parent/Guardian First Name: Parent/Guardian Last Name:_					
Parent/Guardian Email: __		Parent/Guardian Phone:			
for educational and puble accept this media releating likeness in HDS mediance. WAI show sponsor is not liable activities. I hereby releations of every kind (including or in corpoperty during or in corporations.	m, I acknowledge receipt of this plicity purposes for the continuous se□ I accept this media release ia) RNING Under Texas Law (Chapter le for an injury to or the death of se the Houston Dressage Society, luding costs, expenses, and attorninection with any show, clinic, fugent act or commission of the direction of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with any show, clinic, fugent act or commission of the direction with a superior control or commission of the direction with a superior control or commission of the direction with a superior control or commission of the direction with a superior control or commission with	s future. In the name of the above meets a participant in equine action its directors, officers, memory's fees) that might result nction, whether or not dame	inor□ I do not accept th dies code) an equine pro vities resulting from the i bers, employees and age from damages, injury or lages, injuries, or losses r	fessional or livestock nherent risk of equine ents from liability or losses to my person or esulted directly or	
			Date:		
Amount due: Senior Member Youth Member	(21+ years): \$60 (under 21 years): \$50 ion: # horsesx\$10 each	\$ tota TOTAL DUE :	\$ \$ \$		
Make CHECK payable to: Mail application to:	Houston Dressage Society. If par Houston Dressage Society PO Box 130081 Spring, TX 77393	Name on Card: CC Number: Expiration:	Zip Code:	CID:	