



## Terms and Conditions

### I AGREE:

- 1) To abide by the Constitution, By-Laws, Tournament Conditions and Rules of the USPA®, as published yearly in the USPA® Yearbook and as amended from time to time.
- 2) To pay the USPA® attorney's fees and costs in any matters arising out of or relating to my violations or non-compliance with the Constitution, By-Laws, Tournament Conditions and/or Rules of the USPA®.
- 3) To assume any risk with respect to my participation in any USPA® sanctioned activity, tournament or game (collectively, "USPA® Event") and to indemnify and hold harmless the sponsoring club and any other sponsor or member clubs of the USPA®; any charity or other beneficiary which may benefit from the USPA® Event; the USPA®; the owners, lessees or lessors of any premises where a USPA® Event may be held; and all directors, governors, officers, trustees, agents, employees, or servants of any of the above-named entities (collectively the "Indemnified Parties"), from any claim for any personal injury or property damage sustained by any person or entity, including, without limitation, all third parties, all other members, entrants, and any person performing services for any of the Indemnified Parties, arising out of my conduct.
- 4) To be responsible for any injury or damage caused by myself, my agents, employees and /or their mounts.

**By signing this registration form and accepting the privileges of the USPA®, I acknowledge that I have read, understand, accept and agree to the terms and conditions as set forth.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a Minor, Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Annual registration fees are payable to the USPA®. A portion of this fee includes a subscription to a USPA® publication for one year.
- 2) If you wish to opt out of the insurance benefits you must request this in writing and send it to:  
*Equisure, Inc. - 13790 E. Rice Place - Aurora, CO 80016*
- 3) Registration fees to the USPA® are not deductible as a charitable contribution.

### For USPA® use only!!

#### SECTION II USPA® CLUB DELEGATE

Recommended Handicap: Outdoor: \_\_\_\_\_ T Arena: \_\_\_\_\_ T

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emailed  Faxed  Mailed

Date: \_\_\_\_\_

To: \_\_\_\_\_

#### SECTION III USPA® CIRCUIT HANDICAP CHAIRMAN

Recommended Handicap: Outdoor: \_\_\_\_\_ T Arena: \_\_\_\_\_ T

Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emailed  Faxed  Mailed

Date: \_\_\_\_\_

To: \_\_\_\_\_

#### SECTION IV USPA® NATIONAL HANDICAP CHAIRMAN

FINAL Handicap: Outdoor: \_\_\_\_\_ T Arena: \_\_\_\_\_ T

Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emailed  Faxed  Mailed

Date: \_\_\_\_\_

To: \_\_\_\_\_

**All New Members will automatically receive a "T" handicap rating, unless otherwise noted below.**

If a "T" is not recommended, please explain why: \_\_\_\_\_

Delegate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR USPA® USE ONLY

Member's Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Circuit: \_\_\_\_\_

Previous USPA® Member:  No  Yes If yes, Year: \_\_\_\_\_ Handicap: Outdoor: \_\_\_\_\_ Arena: \_\_\_\_\_

AM=Associate Member JM= Junior Member CM= Collegiate Member

Comments/Notes:

**Revised 5/20/08**