



# Paso Fino Horse Association, Incorporated

4047 Iron Works Parkway, Suite 1, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

## STATEMENT OF INDEMNITY

**REGISTERED NAME OF THE HORSE:** \_\_\_\_\_ **PFHA Registration Number:** \_\_\_\_\_

The State of \_\_\_\_\_ County of \_\_\_\_\_

The undersigned agrees to indemnify and hold harmless the Paso Fino Horse Association, Inc. from any and all claims or causes of action, including costs and attorney fees, liability, whenever or however arising, which relate in any manner to the undersigned's requested change of the Paso Fino Horse Association records regarding ownership of the captioned horse.

**AUTHORIZED PARTY:** \_\_\_\_\_ **PFHA Membership Number :** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Signature of Authorized Party** \_\_\_\_\_ **Date:** \_\_\_\_\_ (MM/DD/YYYY)

The State of \_\_\_\_\_ County of \_\_\_\_\_

Before me this day personally appeared the above affiant who by me being duly sworn upon oath says that the statements set forth above are true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public in and for \_\_\_\_\_

County of \_\_\_\_\_

Signature of Notary \_\_\_\_\_

### **INSTRUCTIONS:**

1. Mail the ORIGINAL of this form to:

Paso Fino Horse Association; 4047 Iron Works Parkway, Suite 1; Lexington, KY 40511