

NORTHEASTERN MICHIGAN ASSOCIATION OF HORSE CLUBS (NEMAHC)
MEMBERSHIP APPLICATION

Membership application and fees must be received before any and all points are accumulated. Members must show a minimum of four shows in any respective class to be eligible for year-end awards. Members MUST submit signed WAIVER with membership application.

TYPE OF MEMBERSHIP:	<input type="checkbox"/> INDIVIDUAL	\$10.00	DATE OF APPLICATION
	<input type="checkbox"/> FAMILY	\$20.00	_____
	_____ # of TRAIL RIDERS/DRIVERS	\$ 5.00 each	
	_____ # of TRAIL HORSES NOMINATED	\$ 5.00 each	
		\$	←TOTAL AMOUNT SUBMITTED

MAIL FORM and FEES TO: Cindy Krentz, NEMAHC Treasurer, 10811 Hubbard Lake Rd., Hubbard Lake, MI 49747

NAME _____ (use full name)	DATE OF BIRTH _____
-------------------------------	---------------------

SPOUSE _____ (use full name)	DATE OF BIRTH _____
---------------------------------	---------------------

CHILD _____ (use full name)	DATE OF BIRTH _____
--------------------------------	---------------------

CHILD _____ (use full name)	DATE OF BIRTH _____
--------------------------------	---------------------

CHILD _____ (use full name)	DATE OF BIRTH _____
--------------------------------	---------------------

CHILD _____ (use full name)	DATE OF BIRTH _____
--------------------------------	---------------------

MAILING ADDRESS _____	PHONE _____
_____	E-MAIL ADDRESS _____

NOVICE PROGRAM APPLICATION

List the name of each family member wishing to compete and mark the novice classes in which they are eligible. If necessary, list additional family members of the back of this form. Eligibility Requirements: may not 1) have accepted money or gifts for showing for someone else 2) give riding lessons or train others horses 3) judge horse shows 4) have earned 200 or more NEMAHC points in any regular age division of the type of novice class in which you are applying.

NAME _____	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice
	Showmanship	English Equitation	Stockseat Equitation
NAME _____	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice	<input type="checkbox"/> Novice
	Showmanship	English Equitation	Stockseat Equitation
1) _____	2) _____		

Two NEMAHC Members Signatures (other than a family member)

TRAIL RIDING/DRIVING PROGRAM APPLICATION

List the name of each family member and each horse wishing to compete in the trail riding/driving program and include \$5.00 fee for each person and horse with your NEMAHC membership fee. A log sheet will be mailed to each rider/driver to record your time. If necessary, list additional family members of the back of this form.

NAME _____	NAME _____
NAME _____	NAME _____
HORSE NAME _____	HORSE NAME _____
HORSE NAME _____	HORSE NAME _____

Date Received _____	Received By: _____	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	Total Amount Received	Revised 4/21/06
		# _____		\$ _____	

MEMBER'S WAIVER AND RELEASE OF LIABILITY

In consideration for the privilege of becoming a member of Northeast Michigan Association of Horse Clubs, Inc. (NEMAHC) and being allowed to participate in any event at any location sponsored, hosted or sanctioned by any of its following member clubs:

- Northern Michigan Color Horse Breed Association
- Northern Michigan Regional Appaloosa Association
- Alpena County Horseman's Club
- Northern Michigan Arabian Association
- Alpena County Quarter Horse Breeders Association
- Montmorency County Fair
- Alcona County Fair

and because I know that horses can behave unpredictably and there is an unavoidable risk inherent in all horse-related activities, **I hereby release NEMAHC and its member clubs** from all liability for accident, bodily injury, physical or property damage or illness to me or to any family member, spectator or guest accompanying me, or to any horse owned by me or any family member, spectator or guest accompanying me.

This waiver and release of liability includes all officers, delegates, volunteers, sponsors, members and their families, and person or group affiliated with NEMAHC and its member clubs.

I also assume full responsibility for all claims of bodily injury or physical or property damage done by me, any family member, spectator or guest accompanying me, or any horse owned by me or any family member, spectator or guest accompanying me, and I indemnify and hold harmless NEMAHC, its member clubs and affiliates described above with respect to all such claims.

I acknowledge its member clubs occurs on grounds or in buildings leased by NEMAHC or its member clubs for that scheduled event only, and that NEMAHC or its member clubs have no responsibility or control over the condition or maintenance of the grounds or buildings.

I understand and acknowledge that this waiver and release of liability remains in effect for all NEMAHC events from the date of my signature through December 31 of this year.

All persons 18 years of age and older applying for NEMAHC membership must sign this waiver. If the individual member or any family member is under 18 years of age, a parent or legal guardian must sign this waiver, and all members under 18 years of age must be listed below.

SIGNED: _____

DATE _____

PRINT NAME _____

SIGNED: _____

DATE _____

PRINT NAME _____

LEGAL GUARDIAN OF: (Print names of all participating children under 18 years of age)

WARNING!!!!

UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

Some events may require a negative coggins test for each horse