



2017 Membership Application



JOIN DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

Please list all participating family members. **Include birth dates** for those 17 years and younger.

1. _____ 3. _____

2. _____ 4. _____

Please list the horses you or your family will be showing this year. Please Indicate **"H"** for horse, **"P"** for pony **"S"** for a schooling horse/pony owned by your Trainer/Barn/Instructor and **"O"** if you own the equine, and **"L"** if you are leasing the horse/pony

1. _____ H P S O L 3. _____ H P S O L

2. _____ H P S O L 4. _____ H P S O L

Adult signature required: _____ DATE: _____

Barn/ Trainer Affiliation: _____

PLEASE INDICATE YOUR LEVEL OF PARTICIPATION:

_____\$35.00 Individual Membership ____\$50.00 Family Membership ____\$50.00 Business (listed for advertising purposes)

Please make checks out to **NWAHJA** and remit with this form
NWAHJA Treasurer P.O. Box 2494 Bentonville, AR 72712-2494

NWAHJA 2017 RELEASE: *The below signatures are required for this membership to be valid*

The NWAHJA Club, its officers, board members and general membership will not be held responsible for damages or injuries to any person, animal, or other property occurring at the horse show/clinic or on the show grounds. Additionally, NWAHJA, its officers, board members and general membership shall be indemnified and held harmless from any and all claims and demands of any kind arising from any exhibitor or spectator and his family, employees, animals or property while on or in the NWAHJA show grounds.

Warning: IN ACORDANCE WITH ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO, OR DEATHER OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES, ACT 3563 OF 1995.

I have read the above Release and Warning and am aware of the NWAHJA Rules and Code of Ethics. By signing, YOU agree to ALL terms and conditions.

PRINTED Name of Rider: _____

Signature of Adult Rider: _____

Signature of Parent/Guardian of Minor Rider: _____

Date: _____