



Membership Application/Renewal

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate: _____

Email Address: _____

How would you like to receive event notifications? Email, Facebook, Text, other: _____

Family Members Joining Age as of January 1st, (Year of membership):

<u>First and Last Name</u>	<u>Birth Date</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Membership Dues (Including children age 17 and under)	\$70.00
Husband/Wife Membership Due.....	\$60.00
Single Membership Due	\$50.00
Individual Junior Membership Due (children age 17 and under)	\$30.00
Senior Membership Due (adults 60 yrs. and over).....	\$30.00

Membership expires on December 31st of each year.

MHA is a non-profit organization founded in 1939 to foster knowledge, understanding and appreciation of horses; to foster and promote horsemanship in the community; and to sponsor activities to develop good moral character among youth.

Note: Since MHA is operated by volunteers only. In order to continue events, open riding for members, playdays and any other functions for the community and its members. We are asking for one (1) clean-up day and Five (5) hours per adult member of volunteer work to be carried out at any event(s).

Official Use Only: Amount Paid: _____ Cash: _____ Check No. _____

Collected by: _____ Date: _____

MERCED HORSEMEN'S ASSOCIATION – RELEASE OF LIABILITY

In exchange for participation in all activities of Equestrian and Non-Equestrian events organized by the MHA at 499 Nevada Street, Merced, CA 95348, and/or use of the grounds, facilities, and services of MHA. I agree for myself and (if applicable) the members of my family, to the following:

- 1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by MHA Board Members, or representatives or agents thereof. _____
- 2. I recognize that, there are certain inherent risks associated in dealing with, or being in the near proximity of, any and all livestock, that the animals may, at any time, behave in an unpredictable manner that may cause injury to me or others. I assume full responsibility for personal injury to myself and (if applicable) to my family, including minor children. I further release and discharge MHA for injury, loss or damage arising out of my, or my family's use of, or presence upon the facilities of MHA (grounds, whether caused by the fault of myself, my family, MHA Members, show management, arena renters, volunteers, board members, or property owners, or other third parties. _____
- 3. I agree to indemnify and defend MHA against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the MHA grounds. _____
- 4. I agree to pay for any and all damages done to the MHA grounds caused by myself or my family's negligent, reckless, or willful actions. _____
- 5. Any legal or equitable claims that may arise from participation in the above shall be resolved under California State Law. _____

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Date: _____

Signature of Participant: _____

Family members covered under this agreement or release of liability:

Emergency Contact information:

Name: _____

Relationship: _____

Phone Number: _____

Address: _____
