NHCA Membership Form & Waiver

Membership for Show Year: _____ Date: _____

FOR OFFICE USE ONLY
A
B
C
D

CONTACT INFORMATION

Family Name:_____

Home Address:_____

City, State, Zip code: _____

Phone Number: _____ Email Address: _____

Family Roster: *who will be NHCA members*

A Name: _____ DOB: _____ T-Shirt Size_____ Jacket Size: _____
B Name: _____ DOB: _____ T-Shirt Size_____ Jacket Size: _____
C Name: _____ DOB: _____ T-Shirt Size_____ Jacket Size: _____
D Name: _____ DOB: _____ T-Shirt Size_____ Jacket Size: _____

EXHIBITOR NUMBER

$10 if **YOU CHOOSE** the exhibitor number in your age division, otherwise an exhibitor number will be assigned to you at the first show.

ONLY FILL IN THIS AREA IF YOU WANT TO CHOOSE YOUR NUMBER!!

_____

ONLY FILL IN THIS AREA IF YOU WANT TO CHOOSE YOUR NUMBER!!

10 & Under = numbers 100 - 199
11-13 = numbers 200 - 299
14 - 18 = numbers 300 - 399
19 - 39 = numbers 400 - 499
40 & Over = numbers 500-599

REMINDER:

All NHCA members have a volunteer time requirement to be eligible for year-end awards. Please see your rulebook for the specific time needed.

Fees:

Before May 15th: Family Membership = $20 per year **OR**
Individual Member = $15 per year $_____

After May 15th: Late Fee add $5.00 $_____
Did you choose a number? (If yes, $10.00) $_____

Would you like to sponsor a class(es)? ($25 per class) $_____

_____ **TOTAL:** $ _____
(Name of Class(es))

WAIVER AND RELEASE OF LIABILITY

(This document is important, should be read in its entirety and $151.0.e.d.)
In consideration of being allowed to participate in any way in a Nebraska Horse Clubs Association (NHCA) show or competition, and related events and activities, the undersigned:

1. Agrees that prior to participation, he/she will inspect the facilities to be used, and if he/she believes anything is not right, will immediately advise a representative of the NHCA of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that he/she will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own actions, in actions or negligence of other, the rules of competition, or the condition of the premises or of any equipment use. Further, that there may be other risks not known or seen including the reasonably of death.
3. Assumes all foregoing risks and accepts personal responsibility for the damages following such an injury, permanent disability or death.
4. Release, waives, discharges and covenants not to sue the Nebraska Horse Clubs Association, its directors, officers, members and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from the demands losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTAIL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARRILY. THIS FORM WAIVEES LIABILITY FOR NEGLIGENCE. THIS AGREEMENT CANNOT BE MODIFIED ORALLY.

Signature/Entrant _____Date: _____

_____

Parent or Guardian must sign if Entrant is 18 or younger

Names under the age of 18:

_____

WARNING: UNDER NEBRASKA LAW, AN EQUINE PROFFESTIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTIONS, 25-21, 249 TO 25-21, 253.

Mail form and waiver to:
Syndee Adams, 904 East 12th Street, Apt. 3 York, NE 68467