



**National
Horse Lovers
Association**

2020 MEMBERSHIP APPLICATION
January – December
(Please print NEATLY)

NAME _____ BIRTHDATE (optional) _____ *Month & Day only*
 NAME _____ BIRTHDATE (optional) _____ *Month & Day only*
 ADDRESS _____ HOME TELEPHONE # _____
 _____ CELL # _____
 E-MAIL _____ CELL # _____
 Emergency Contact _____ Number _____

CHECK ONE

- \$15.00 INDIVIDUAL MEMBERSHIP** (MUST BE 18 YEARS OR OLDER)
- \$30.00 COUPLE** (W/SAME ADDRESS – MUST BE 18 YEARS OR OLDER)
- \$35.00 FAMILY MEMBERSHIP** (DEPENDENT CHILDREN MUST BE UNDER THE AGE OF 18 AND BE UNDER THE SUPERVISION OF A PARENT AT ANY NHLA FUNCTION)

<i>Name</i>	<i>Birthdate</i>
Dependent _____	Birthdate _____
Dependent _____	Birthdate _____
Dependent _____	Birthdate _____

NHLA SPONSORING MEMBER (NEW MEMBERS ONLY) _____

TO RECEIVE THE NHLA MONTHLY NEWSLETTER – 'HOOFPRINTS' - FILL OUT THE FOLLOWING

- ___ I WISH TO RECEIVE MY NEWSLETTER VIA USPS IN HARD COPY FORM TO THE ADDRESS ABOVE (Black & white)
- ___ I WISH TO RECEIVE MY NEWSLETTER ELECTRONICALLY TO THE EMAIL BELOW (color, receive up to 1 week earlier)

Email address for newsletter: _____

Please print VERY neatly!!!

Newsletter will be sent from Sunrisecommercialcontracting@verizon.net.

****YOU SHOULD RECEIVE YOUR NEWSLETTER BY THE FIRST WEEK OF EACH MONTH. IF YOU ARE NOT RECEIVING IT, OR TO CHANGE ADDRESS, PLEASE EMAIL MKRISTOPHEL@YAHOO.COM OR TEXT THE CHANGE TO: 724-355-9071 (PLEASE INCLUDE FULL NAME IN TEXT OR EMAIL)****

THE UNDERSIGNED AGREES TO ABIDE BY THE RULES AND BY-LAWS ADOPTED BY THE BOARD OF DIRECTORS AND TO SUPPORT THIS ASSOCIATION

APPLICANT'S SIGNATURE

DATE _____

APPLICANT'S SIGNATURE

DATE _____

Make Checks Payable To: **National Horse Lovers Association (NHLA)**

And mail to: Sue Wolski
231 1/2 Browns Mill Road
Evans City, PA 16033

ALL ADULT APPLICANTS Must read and SIGN APPLICATION AND RELEASE WAIVER! (2 PAGES)

National Horse Lovers Association
2020 EVENT/RIDE AGREEMENT AND RELEASE WAIVER

PLEASE READ CAREFULLY BEFORE SIGNING --- EVENT SPONSORS, TRAIL BOSSES, OFFICERS, BOARD MEMBERS, OR COORDINATORS CAN NOT GUARANTEE YOUR SAFETY. THIS WAIVER WILL COVER ALL EVENTS AND RIDES OF THE NHLA.

NAME (PRINT) _____ NAME (PRINT) _____
ADDRESS _____

I HEREBY AGREE TO THE FOLLOWING:

- 1) That I, the undersigned, do for myself or on behalf of my child, spouse, or legal ward, hereby voluntarily participate in all events/rides of N.H.L.A. throughout the 2020 season.
- 2) That I knowingly and voluntarily assume the inherent risk of injury or death as a result of participating in equine activities. I am aware of **Act 93 of 2005, The Equine Activity Immunity Act**. This act states: **You assume the risk of equine activities pursuant to Pennsylvania Law.**
- 3) That we will be responsible for any and all costs incurred by for injuries or property damage we may incur and that we are covered by accident-medical-insurance coverage now in force.
- 4) That I do carry personal liability insurance now in force under: (check one)
 Homeowner's Insurance Policy Other _____
 Farm Owner's Insurance Policy
 Tenant's Insurance Policy
 Separate Personal Liability Policy
- 5) That I am responsible for the negligent acts of my family members and/or legal wards and animals.
- 6) That I am responsible for my own financial loss in relation to the theft or damage of our equipment, vehicles, trailers, and horses while on the premises where this event/ride is held.
- 7) **RELEASE AND WAIVER OF ALL CLAIMS:** For myself, my heirs, administrators, assigns and family members, I hereby release and discharge the above named National Horse Lovers Association, its officers, directors, trail boss, employees agents, and servants, plus the owner of the premises on which this event/ride is held, plus other riders and participants in the event/ride, from any and all claims, demands, actions and causes of action whatsoever for all injuries or property damage sustained by me, my estate, my horse and/or that of my child spouse or legal charge. This release and waiver expressly includes the release of such persons for their negligence and for all acts of willfulness, wantonness or recklessness.
- 8) **PROHIBITION OF CLAIM OR SUIT BY ONE MEMBER AGAINST ANOTHER MEMBER:** I acknowledge that membership in the Association is based upon congeniality and friendship among the members and agree that I shall not make any claim nor file suit against another member for any injury or property damage I may incur or sustain.

NAMES OF MINOR PARTICIPANTS (DEPENDENTS) IN THE EVENTS/RIDES FOR WHOM I AM LEGALLY RESPONSIBLE: (PLEASE PRINT)

1. _____ 2. _____ 3. _____

STATEMENT OF AWARENESS: I, the undersigned, being of legal age, have read and understand the foregoing agreement and release.

SIGNATURE: _____ DATE: _____
PRINT: _____

SIGNATURE: _____ DATE: _____
PRINT: _____