



NHS Membership Application/Renewal 2015

(Please complete page 1 and 2)

Please Print

Name: _____ Date: _____

Spouse's Name: _____ Children's Names (under age 18): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Daytime Phone: (____) _____ - _____

Primary Email address: _____

Help us keep our postage cost down by providing us with your email address

Were you referred to the NHS by a current NHS Member?

If so, Who?: _____

Membership Type

(please circle one)

New Member - \$30

Individuals, Families, Households

Renewal - \$25

Individuals, Families, Households

Questionnaire (Optional)

How many horses do you own? _____ Do you own a trailer? _____

We ride primarily: English _____ Western _____

Do you own a horse related business _____ If yes, what type? _____

Please check any areas that you would be interested in helping

Newsletter/Publications/Web Page _____ Clinics/Programs _____ Social Activities _____

Food at events _____ Planning Events _____ Publicity _____ Trail Organization _____

What would you like to see happen through the NHS? _____

Please circle the following areas / activities in which you are interested

Trail Rides - Showing - Dressage - Therapeutic Riding - Competitive Trail / Endurance - Breeds - Driving
Western Riding/Reining - Spectator Sports (races/shows) - Jumping - Clinics - Fox Hunting - Eventing
Vaulting - Horse Care Clinics - Group Trips/Tours - Team Penning - Photography - Barn Sitting Coop
Horse Art - Other _____



Please enclose your check and mail to:
NHS
PO Box 132
Nokesville, VA 20181

**Nokesville Horse Society
Release and Waiver of Liability
Agreement for Release and Waiver of Liability**

I am aware that horseback riding is an athletic event that poses potentially serious risks of injuries or death to its participants. I understand that my horse or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the best trained, are often unpredictable.

With this waiver I accept notice of the provisions of Section 3.1-796.130 through 3.1-796.133 of the Code of Virginia, which state in part: That there are inherent risks in equine activities, including (I) the propensity of an equine to behave in dangerous ways which may result in injury to the participant: (II) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals: and (III) hazards of surface or subsurface conditions. The waiver shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by the Nokesville Horse Society and its officers.

I understand that I am completely responsible for anything that happens to me and/or my horse while riding on/at the host facility. The hosts, the Nokesville Horse Society and its members, directors and officers, are in no way responsible for any injuries, damages or losses that may occur.

_____ Print Name	_____ Signature	_____ Date
Additional Family Members covered by this agreement (use additional applications if necessary):		

_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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Parent Guardian Info if Parent/Guardian chooses not to be a member of the NHS:

_____ Print Name of Parent/Guardian if member(s) is/are a minor(s)	_____ Signature of Parent/Guardian	_____ Date
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***Protective Headgear is Recommended and Encouraged, However it is not Mandatory for Adults.
Headgear is required for all minors.***