



## NHS Membership Application/Renewal 2017

(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*

### Membership Type

(please circle one)

**New Member - \$20**  
Individuals, Families, Households

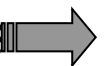
**Renewal - \$15**  
Individuals, Families, Households

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

(Various) Clinics - Competitive Trail Rides/JPR's - Dressage - English/Hunter Jumper Showing - Eventing  
- Gymkhana - Fox Hunting - Horse Care Clinics - Horse Soccer - Jumping - Mounted Games "MGAA"  
- Obstacle Clinics - Parades - Quadrille - Tack Swaps - Team Penning - Therapeutic Riding - Trail  
Rides - Vaulting - Western Shows - Other \_\_\_\_\_

Please enclose your check and mail to:  
NHS  
c/o Kari Boberek, Secretary/Membership  
5590 Old Farm Lane  
Sudley Springs, VA 20109

Please Complete  
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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.***

