



## 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*

### Membership Type

(please circle one)

**New Member - \$30**

Individuals, Families, Households

**Renewal - \$25**

Individuals, Families, Households

**Please circle any areas that you would be interested in helping:**

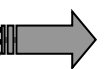
Clinics - Crystal Crown - Event Flyer Creation - Fundraising - James Long Park Liaison - Nokesville  
Park Liaison - Publicity - Social Activities - Western or English Shows

Ideas or Suggestions to make NHS the best it can be: \_\_\_\_\_

**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 Complete  
Page 2



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

**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

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

**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

***Protective Headgear is Recommended and Encouraged, However it is not Mandatory for Adults.  
Headgear is required for all minors.***

