



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:

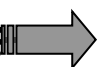
Clinics - Crystal Crown - Event Flyer Creation - Fundraising - James Long Park Liaison - Nokesville
Park Liaison - Publicity - Social Activities - Western or English Shows

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
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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.***

