**NEVADA COUNTY HORSEMEN, INC.** Check #\_\_\_\_\_\_\_\_\_

 **10600 Bubbling Wells Road**  Amount**\_\_\_\_\_\_\_\_\_\_**

 **Grass Valley, CA 95945**  Cash\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Application Year 2025**

 Membership Type: \_\_\_\_ Family $100 \_\_\_\_\_ Single $75 \_\_\_\_\_ Junior $35 \_\_\_\_\_Life

\*\*\* Active Duty Military and Veterans\*\*\* Reduced rate 50%

\_\_\_\_ Check if Membership is a renewal.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Spouse

 Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (w/area code) Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Juniors – Children under 18. Children must be supervised by a parent or assigned legal guardian at all Functions and activities.

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­ \_\_\_/\_\_\_/\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

 Junior name DOB Junior name DOB

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ 4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

 Junior Name DOB Junior Name DOB

Do you own Horses or Mules? \_\_\_\_ How many in your family ride? \_\_\_\_

What other types of activities or sports do you or your family like to participate in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(We are interested in adding some new activities at Nevada County Horsemen that are non-horse related and would like to get your input on ideas.)

**PLEASE COMPLETE THE RELEASE OF LIABILITY ON THE REVERSE OF THIS FORM! THE FORM MUST BE ON FILE PRIOR TO YOUR ATTENDANCE OR PARTICIPATION AT NCHI.**

Please keep in mind that this is an all volunteer organization and we do need the help of all members.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Signature Date Signature Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Liability Agreement**

**I am aware that participating in NCHI involves the risk of injury to my person and property. I voluntarily accept all risk of personal injury (including permanent disability or death) and damage to property arising from my attendance, and participation in NCHI events.**

**As lawful consideration for being permitted to participate in NCHI, I hereby agree that I, my heir, personal representative as assigns will not make any claim, or file suit against NCHI, its officers, directors, members, agents, invitees, or affiliated entities for any injury or damage however caused.**

**In addition, I hereby release and discharge NCHI, its officers, directors, members, agents, contractors, guests,**

**Invitees, and affiliated entities from all actions, claims, or demands, including court costs, and actual attorney’s fees that I, my heirs, personal representatives, or assign now have, or may hereafter have for personal injuries or property damage resulting from my participation in NCHI events. I agree that this release of liability includes injury or damage caused in whole, or in part by negligence, active or passive, to NCHI and its members agents, or contracting parties.**

**I also expressly waive any rights I may have under California Civil Code Sec.1542, which states, “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”**

**I understand that it is the sole responsibility of the participant to carry full and complete insurance coverage of his/her horse or mule, personal property and him/herself. I acknowledge that I have been advised to wear protective headgear and hard-soled boots with a heel.**

**I represent and acknowledge that I currently have no ailments, physical or mental conditions or previously known physical or mental conditions that would or could be adversely affected by my participation in NCHI. I further represent that my horse or mule is free from contagious or transmittable disease or infection.**

**I HAVE CAREFULLY READ THIS AGREEMENT. I UNDSTAND THAT IT IS A COMPLETE RELEASE OF ALL LIABILITY AND A PROMISE NOT TO SUE OR MAKE A CLAIM AGANST NCHI. I AM AWARE THAT IT IS A CONTRACT BETWEEN NCHI AND MYSELF.**

 **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**