

Membership Application/Renewal

Merced Horsemen's Association

P.O. Box 2585, 499 W. Nevada Street
Merced, CA 95344

Name: _____ Date: _____
Occupation: _____
Spouse's Name: _____ Occupation: _____
Cell Phone: _____ Home Phone: _____

Please List Your Children (ages 17 and under) Below:

First and Last Name	Birth Date	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical Address: _____
Mailing Address: _____
E-mail Address: _____
(Newsletter may be sent by e-mail unless otherwise requested.)

Activities/Interest

Please Check Horse-Related Activities You Are Interested In:

- Cutting Drafting Group Camping Gymkhana
 Penning Play Days Reining Roping
 Sorting Trail Rides Other: _____

Annual Membership Dues (Revised Rate 2009)

Please Check Membership Type/Amount:

- Family Membership Dues (including children age 17 and under) \$70.00
 Husband/Wife Membership Dues \$60.00
 Single Membership Dues (age 18 and over) \$50.00
 Individual Junior Membership (under age 18) \$30.00

Requested Previous Years Workday credits: Number of hours worked: _____

Note: Membership dues may be reduced by receiving credits for participating on scheduled workdays. Workday credits will be applied to the next year's dues at a rate of \$5/hr to a **minimum of \$20.00**.

Official Use Only

Amount Paid In Cash: _____ Amount Paid By Check: _____ Check No. _____
Collected By: _____ Date: _____

(Please Read and Sign Release of Liability on Back)

Release of Liability

I acknowledge that horseback riding, activities/events involving horses and/or cattle, is a sport which carries inherent risks and damage to myself, my horse, and property. I knowingly assume all risks, whether known or unknown, of horseback riding and activities/events involving horses and/or cattle.

I hereby release the Merced Horsemen's Association (hereinafter referred to as MHA), its members, directors, and/or officers, or any other organization or person responsible for sponsoring or in any way involved in any event that I may participate in from all liability for any act of negligence or want of ordinary care on the part of MHA or any of its agents. In consideration of my participation in events organized or sponsored by MHA, I wave, release and discharge MHA, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation. This agreement is binding upon my executors, heirs, and assigns.

I expressly waive any rights I may have under California Civil Code 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 might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless MHA, their directors, officers, members, and agents against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceedings or lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

MHA, its agents or employees shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, horse, or property. I acknowledge that I have read this Release of Liability and know and understand its contents.

Participant: _____ Telephone: _____

Participant: _____

Address: _____

City, State, Zip: _____ Date: _____

**MINORS DO NOT SIGN THIS FORM
PARENTS OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION**

I, the undersigned parent or guardian of the minor in consideration of my minor's participation in the event, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor, his animals, and property arising out of his participation in events. I acknowledge that I have read this Release of Liability and know and understand its contents.

Name(s) of Minor: _____

Parent/Guardian Signature: _____

Date: _____
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