



Idaho Hunter Jumper Association 2012 Membership Form

Please Note: Riders wishing to compete for IHJA points and awards and in the IHJA Medal Classes MUST be a member in good standing with IHJA.

Please select the membership that best suits your needs by placing a check mark on the appropriate line below.

Single Membership: Includes Adult Amateurs, Professionals and Juniors and includes 1 nominated horse.

Family Membership: Includes 2 nominated horses.

To nominate additional horses see prices below.

Print Form, Fill out, and mail to:

**Kim Koch
PO Box 4286
Ketchum, ID 83340**

Make checks payable to IHJA

MEMBERSHIP TYPE

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SINGLE (AA-PRO-JR)
Nominate 1 Horse \$30

FAMILY
Nominate 2 Horses \$50

Comments: *Membership begins December 1 and ends the following November 30. Dues must be paid by March 1st*

Name (s) _____
First Last

Address _____
Street (Apt#) City State Zip

Phone Contact Information:

Home () _____
Cell () _____
Other () _____

EMAIL _____
(For Timely Notification of Events!)

Professional Yes () No ()

Age of Jr. Rider (As of 12/01/12) _____

Nominated Horse (*Use the same name at all horse shows*) _____

No exchanges of horses once nominated; exchanges are considered an additional horse and subject to an additional \$10 fee.

Unsure? Leave "Nominated Horse" blank and identify nomination name before the first competition.

Additional Nominated Horse for Family membership: (Free) _____
3rd or more horses for Family (\$10.00 each) _____
Additional Horse(s) for Single membership (\$10 each) _____

____ I authorize publication of my name, phone #, and e-mail on the IHJA website
____ DO NOT publish my name, phone # and e-mail information on the IHJA website

____ **Yes I have read and signed the Member Assumption of Risk form (Parental Signature required for any member under 18!)** By agreeing to membership, I agree that IHJA may use photographs of me for promotional purposes, whether in printed brochures or on the respective clubs' websites.

Please Sign Assumption of Risk Form on page 2 (MUST BE SIGNED TO PARTICIPATE IN CLUB ACTIVITIES)

IDAHO HUNTER-JUMPER ASSOCIATION (IHJA)
PARTICIPANTS ASSUMPTION OF RISK AND LIABILITY RELEASE FORM

ACKNOWLEDGMENT OF RISK

I, the undersigned, intend to participate in an equestrian activity sponsored by or affiliated with the IHJA. I am fully aware that certain inherent and unavoidable risks and dangers are involved in any equestrian activity. I understand that these risks, hazards, and dangers could result in my injury, discomfort, illness, disease, or death, or damage to my personal property or the property of others.

ACCEPTANCE OF RISK AND RESPONSIBILITY

Being aware that this activity entails risks, hazards, and dangers, I agree to accept and assume all responsibility and risk for any injury, discomfort, illness, disease, death, and damage to personal property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks, hazards, and dangers.

RELEASE OF LIABILITY

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold IHJA, their officers, directors, agents, and employees or the owner or operator of the facility at which these activities occur and their officers, directors, agents and employees liable for any injury or damage to my person or property. I HEREBY VOLUNTARILY RELEASE AND FOREVER DISCHARGE IHJA, THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, AND INSURERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.

This release of liability includes, but is not limited to any negligent acts or omissions of IHJA, their officers, directors, agents, and employees, which may result in my personal injury, discomfort, illness, disease, or death, or damage to my property. This release of liability also expressly extends to, and includes the owner and operator of the facility at which the equestrian activity will be held and their officers, directors agents and employees.

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT

I understand and acknowledge that by signing this document, I have given up substantial legal rights and/or possible claims which I might otherwise assert or maintain in the future including, but not limited to legal rights and claims for the negligent acts or omissions of IHJA, their officers, directors, agents, employees, and the owner and operator of the facilities. I further agree that the laws of the State of Idaho shall govern the terms and effect of this agreement.

ENTIRE AGREEMENT

I understand that this is the entire agreement between me and BSJC and IHJA, and that it cannot be modified or changed in any way by oral or written representations or statements of any employee or agent of BSJC or IHJA made before or after my execution of this form.

I HAVE READ THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Date _____ Participants
Signature _____

(IF THE PROPOSED PARTICIPANT IS UNDER THE AGE OF EIGHTEEN YEARS, the following must be executed by his or her parents or legal guardian.)

I have read the foregoing Assumption of Risk and Liability Release Form, which has been executed by my child. I agree to the signing thereof, and the terms and conditions of the agreement, and for the consideration therein stated, agree that said Release shall be binding upon said child and upon the undersigned as parent or legal guardian.

Date _____ Signature of Participants
Parent or Legal Guardian _____