

**JACKSON COUNTY HORSEMAN'S ASSOCIATION (JCHA)**

**Club Year 2010**

*MEMBERSHIP, PARTICIPATION and MAILING LIST FORM*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

eMail: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse Last Name: \_\_\_\_\_ Spouse First N: \_\_\_\_\_ DOB: \_\_\_\_\_

eMail: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Family Membership includes your children under the age of 18. Please list your children below.

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

Child \_\_\_\_\_ DOB \_\_\_\_\_

***Participation in JCHA events and use of the arena Terms and Conditions:***

***I hereby covenant not to sue and agree to indemnify, and save and hold harmless JCHA, its agents, employees, representatives, producers and facilities from any claim, demand, or liability for the personal injury or property damage arising from participation or use and enjoyment of JCHA events and facilities. This consent will remain in effect for the current club year. The undersigned has read and voluntarily signed the covenant and indemnity agreement, and further agrees that no oral representation, attachment of inducements apart from foregoing agreements have been made.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Yearly Dues**

Family Membership  \$25.00 (Member, Spouse & Children under 18)

Individual Membership  \$20.00

Mailing List  \$ -

*for official use*

<b>Payment Received</b>
Date: _____
Form of PMT: _____
RCVD By: _____