

JACKSON COUNTY HORSEMAN'S ASSOCIATION (JCHA)

Club Year 2012

MEMBERSHIP, PARTICIPATION and MAILING LIST FORM

Member

Spouse

First-Last Name: _____

Name: _____

DOB: _____

DOB: _____

eMail: _____

eMail: _____

Cell: () _____

Cell: () _____

Check the box next to the cell number(s) you wish to receive JCHA TXT announcement/reminders?

Mailing Address: _____ Home Ph: () _____

City: _____

State: _____

Zip: _____

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: _____

for official use

For Information Only

**Yearly
Dues**

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

Individual Membership \$20.00

Payment Received

Date: _____

Form of PMT: _____

RCVD By: _____