

**JACKSON COUNTY HORSEMAN'S ASSOCIATION (JCHA)
Club Year 2013**

MEMBERSHIP, PARTICIPATION and MAILING LIST FORM

Member

Spouse

Name: _____ Name: _____

D.O.B: _____ D.O.B: _____

E-mail: _____ E-mail: _____

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: _____

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 _____

Family Membership \$ 25 _____

Individual Membership \$20 _____

Payment Received:

Date: _____

Form of Payment: _____

RCVD by: _____