

# Northern Nevada Gaited Horse Club

Complete both sides before mailing

## Membership Application

Membership extends from Jan. 1 through Dec. 31. Please fill out this application completely and be sure to sign the Release of Liability on the reverse side of the form. Family memberships must have signatures of all members. Owners of non-gaited horses welcome. If you wish, you may pay for two years at this time.

Please mark and fill in appropriate box

<b>Family (2 votes) \$45.00</b> _____ <b>Mr.</b> <b>Ms.</b> <b>Mrs.</b> _____  <b>Spouse or Family Members</b> _____ _____ _____	<b>Single (1 votes) \$30.00</b> _____ <b>Mr.</b> <b>Ms.</b> <b>Mrs.</b> _____
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**Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zi \_\_\_\_\_

**Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Number of Gaited Horses Owned:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Cash:** \_\_\_\_\_

**Make Checks Payable & Mail to NNGHC**

**C/O Jim Alexander**

**93 Jeffrey Pine Lane**

**Carson City, NV. 89705**



# Northern Nevada Gaited Horse Club

## ***NNGHC Release of Liability***

*I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, my horse and my property. I knowingly assume all risks, known or unknown, of horseback riding.*

*I hereby release the NNGHC and its members, the States of Nevada & California, Carson City Parks & Recreation, and their directors, officers, advisors, agents, representatives, heirs, affiliates, 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, and will remain so upon my signature.*

*I agree that I will indemnify and hold harmless the NNGHC, its members, officers, advisors, directors, and agents against all claims, demands and causes of action, including court costs and attorney fees arising from any proceeding or lawsuits brought by myself or prosecuted for my benefit in which this release is upheld.*

*I further acknowledge that I have read this Release of Liability and know and understand its contents.*

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

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

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

### ***Minors under 18 years of Age:***

*I, the undersigned parent or guardian of the participant, in consideration of my minor's participation, agree that the terms and conditions of this Release of Liability, as stated above, shall be binding.*

*I acknowledge that I have read this Release of Liability and know and understand its contents.*

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

**Relationship to minor:** \_\_\_\_\_

Mail to:

C/O Jim Alexander

93 Jeffrey Pine Lane

Carson City, Nv. 89705