

GEAUGA HORSE & PONY ASSOCIATION

MEMBERSHIP YEAR 20 ____ New ____ Renewal ____

Name _____

Address _____ City _____ State _____ Zip _____ County _____

Phone _____ Email _____

***LIST THE NAME OF ALL MEMBERS and BIRTH DATE** ALL MEMBERS MUST BE LISTED FOR POINTS TO COUNT. If family membership, list spouse's name. Members must complete service hours (8 hours for individual memberships, 16 hours max for family membership) to be eligible for year end points. Refer to Rules and Regulations for complete list of eligibility rules.

*** NAME** _____ ***BIRTHDAY (MONTH/DAY/YEAR)** _____

ADULT \$20.00 ____ YOUTH (18 & under) \$15.00 ____ FAMILY \$40.00 ____ TOTAL PAID\$ ____ check # ____ cash ____

Membership includes subscription to Horseman's Corral Newspaper. Do you want to receive the Corral? Yes ____ No ____

Approval to release info to vendors offering member incentives/discounts: Yes, I approve ____ No, I do not approve ____

The participant agrees to indemnify and save harmless the Geauga Horse & Pony Association: the Geauga County Agricultural Society from and against all loss, liability or damage for injuries to persons or property, sustained on said premises and/or activities and from all loss, liability for damage by reason of Participant activities. An inherent risk of an equine activity as described under the Equine Liability Act is as follows: The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine, the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards including, but not limited to, surface or sub-surface conditions, a collision with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or, other person, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

SIGNATURE _____ DATE _____

MAIL THIS CARD WITH PAYMENT TO GHPA, PO BOX 655, NEWBURY OH 44065

FOR INTERNAL USE ONLY: __membership list updated __email address list updated __Corral ordered __membership packet sent