

Geauga Horse & Pony Association 2012

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

City, State & Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Adult: \$20.00 \_\_\_\_\_; Youth (18 & under) \$15.00 \_\_\_\_\_; Family \$40.00 \_\_\_\_\_ (Children over 18 must have their own adult membership)

Total Paid \_\_\_\_\_ Check # \_\_\_\_\_ / Cash

Approval to release information to Big Dee's Tack and Schneiders Saddlery? Yes, I approve \_\_\_\_; No, I do not approve \_\_\_\_ (Big D's reimburses club 5% on member's purchases; Schneider's gives 10% discount on most items when current membership card is presented.)

**LIST THE NAME OF ALL MEMBERS. All members must be listed for points to count.** If a family membership, also 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 & Regulations for complete list of eligibility rules:

**Names:**

**Birthdates (Month/Day/Year):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The participant(s) agree(s) to indemnify and save harmless the Geauga Horse & Pony Association and the Geauga County Agricultural Society from and against all losses, 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, P.O. Box 655, Newbury, Ohio 44065

For Internal Use only: \_\_\_\_\_ Membership list updated \_\_\_\_\_ e-mail address list updated \_\_\_\_\_ Membership card \_\_\_\_\_