

Western Hudson Valley Professional Horsemen's Association Membership Application & Release

WHVPHA Membership Application: \$50 Professional \$35 Associate \$35 Junior

Name: _____

Address: _____

City: _____ St _____ Zip _____

Phone: _____ Cell _____

DOB _____ Type of Membership: Jr ___ Adult ___ Pro ___

Barn Affiliation: _____

Trainer: _____

Show Name of Horse or
Pony _____

Pony Size Small ___ Medium ___ Large ___

Owner of Horse or Pony _____

E-Mail
Address: _____

Parent/Guardians' Signature for
Minors _____

Signature of Applicant _____

Date _____

Please send to
Denise Dahms PO Box 336 Montgomery, NY 12549
Please complete entire form

RISK, ASSUMPTION OF RISK WAIVER AND INDEMNIFICATION

THIS DOCUMENT WAIVES IMPORTANT EGAL RIGHTS READ IT CAREFULLY

A. I agree in consideration for my participation in this WHVPHA/HOST FARM Competition to the following:

B. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE In consideration of the payment of a fee and the signing of this agreement, I/ We, the parents of the minors listed on the registration form on the opposite side, do hereby voluntarily request and agree to my/our children’s participation in the riding competition, at any sanctioned WHVPHA host farm, and that this competitor will either ride his/her own horse, or school horses provided. I/we agree that properly fitted helmet/protective head gear will be worn at all times while mounted on a horse.

C. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon the registered WHVPHA member and the parents or legal guardians thereof if a minor, That the participant does so voluntarily and is fully aware and acknowledges that horse sports and the and competitions involve inherent dangerous risks of accident, loss, and serious bodily injury including but not limited to broken bones, head injuries, trauma, pain suffering or death.(Harm)

D. LIABILITY RELEASE: I/WE AGREE THAT: In consideration of THE WHVPHA/ HOST FARM allowing myself or our child’s participation in this these riding activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THE WHVPHA AND HOST FARM, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf(hereinafter, collectively referred to as “Associates”), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THE WHVPHA/HOST FARM and/or ITS ASSOCIATES ordinary negligence; and I or WE, the parents, do further agree , WE shall not bring any claims, demands, legal actions and causes of action, against THE WHVPHA/HOST FARM and ITS ASSOCIATES as stated above in this clause, for any economic and noneconomic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THE WHVPHA /HOST FARM, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THE HOST FARM, or participating in any of the show competition activities.

Accidental Insurance- I AGREE THAT SHOULD EMERGENCY MEDICAL TREATMENT BE REQUIRED I AND MY OWN ACCIDENT MEDICAL INSURANCE COMPANY SHALL PAY FOR ALL SUCH INCURRED EXPENSES.

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE STUDENTS PHYSICAL AND MENTAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

Signature of Rider _____ Date _____

Print Name _____

Signature of Parent _____ Date _____

Print Name _____

Address _____

Phone Number _____ Cell _____

IF UNDER 21 PARENTS OR LEGAL GUARDIAN MUST SIGN