

**WESTERN NEVADA HORSMEN'S ASSOCIATION MEMBERSHIP APPLICATION (WNHA)**

MEMBERSHIP NAME \_\_\_\_\_ Date \_\_\_\_\_

**PRINT FULL MAILING ADDRESS** \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

E-MAIL(S) \_\_\_\_\_

4-H Club Membership is any Nevada 4-H Horse Club. That any Nevada 4-H Club may become a member of the WNHA for one membership fee of \$50.00 annually, (per 4-H Club). Each 4-H Club (18 & under) has one voting right. Every 4-H member registered (with their 4-H Club) by March 1<sup>st</sup> of the current year & on the active roster of their 4-H Club will have their membership covered. Each 4-H member is eligible to compete for year end awards. Each 4-H member will pay the WNHA member rate for competition per class. Every member covered by the 4-H Club membership is subject to all rules & fees of a regular WNHA membership, with exception of the membership fee, including 4 volunteer hours or payment of a \$250.00 fee. All WNHA required membership fees &/or other fees must be paid to WNHA by October 1<sup>st</sup> of the current event year to be eligible for receipt of year end awards. Volunteer of 4 hours or a \$250.00 fee will be added to your membership. Tracking & accountability will be upheld. **This \$250.00 fee is paid by the family; it is not the responsibility of the 4-H club in which they belong.** The respective family of the 4-H member is not part of this membership and has to fill out their own membership application and meet all rules & fees of the WNHA membership, and as described herein, abide by the WNHA Rules and By-Laws. **I/WE, the parent(s) of the child(ren) listed below, AGREE TO KNOW & ABIDE BY RULES OF THE WNHA &, I/WE, as the parent(s) understand that I/WE are RESPONSIBLE to pay the \$250.00 fee if we do not provide the required volunteer time of 4 hours in order to qualify for year end awards . (My/Our application will not be accepted unless I/We have checked box).**

**SUBSTANTIAL &/OR SERIOUS RISK RELEASE:** Members, Non-Members, Participants (competitors/exhibitors/riders) including their family members, guests, and/or spectators, acknowledge that Western, English, Gymkhana & other related equestrian events are dangerous activities & that participation in said events as a competitor, exhibitor, rider or volunteer exposes then to a substantial & serious risk of property damage, personal injury, or death. Members, Non-Members, Participants, etc., acknowledge that participation in events of the WNHA will involve such a hazard. Being fully aware that participation in WNHA events will expose them to substantial & serious risk of property damage &/or personal injury or death, said person(s) hereby release the WNHA, Washoe Valley Ranches, Rockin LJ, sponsors, related or subsidiary companies, & the officers, directors, producers, employees, & agents of the WNHA from liability for any & all property damage, personal injuries or other claims arising from participation in WNHA events, including claims that are known & unknown, foreseen & unforeseen, future or contingent. Participants, Members and Non-Members, family, guests, spectators, etc., shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit, or other proceeding against the aforementioned arising out of or related to the actions, causes of action, claims & demands hereby waived, released or discharged by a Member. This provision shall be binding upon each Participant, Non-Members, Member, member's spouse, legal representatives, heirs, successors, & assigns. The Person(s) does hereby waive all claims, action, demands for damage, loss &/or injury to person(s), livestock &/or property of themselves &/or minor child(ren). The waiver will relieve Western Nevada Horsemen's Association, it's officers, directors, members agents, Washoe Valley Ranches, Rockin LJ Arena, the Washoe County Parks Department/Reno City Parks & Recreation Department from any or all liability prior to, during, or following any events held by, sponsored by, or supervised by the above mentioned association, officers, directors, members or agents. Waiver will be valid & binding upon signature of parent or legal guardian of minor child(ren), &/or adult member of legal age. I understand that additional waivers will be required. **This statement/application will be effective from January 1, 200\_\_\_\_\_ through December 31, 200\_\_\_\_\_.**

In accepting my entry, I hereby release the sponsor, their officers, directors, members, or agents, of these events from any claim or right for damages, which may occur to me or my horse(s). I also assume & accept full responsibility for any damages done by me or my horse(s) at these events. **I ALSO AGREE TO KNOW & ABIDE BY RULES OF THE WNHA &, I, as an individual or WE, as a family, abide by & will not distribute derogatory, defamation or slanderous emails or letters among the WNHA as a whole . (My/Our application will not be accepted unless I/We have checked box).**

PLEASE SIGN FULL LEGAL NAME \_\_\_\_\_ Date \_\_\_\_\_

**Adult member, Parent or Legal Guardian**

COMPETITOR ONLY MEMBERSHIP (No Volunteer, \$250.00 fee) 4-H Member Non-Volunteer Membership  \$250.00

**MEMBER(S) INFORMATION**

| FIRST NAME | LAST NAME | BIRTHDATE |     |      | AGE |
|------------|-----------|-----------|-----|------|-----|
|            |           | MO        | DAY | YEAR |     |
|            |           |           |     |      |     |
|            |           |           |     |      |     |
|            |           |           |     |      |     |
|            |           |           |     |      |     |

By signing I acknowledge that I will be completing the volunteering which I have committed to. If I do not complete the volunteer work I have committed to, I will be required to pay the Competitor Only Membership fee or lose the points for the members on this application for year end award recognition. By signing, I agree to this & understand that this will apply to me as well as all others on this form.

Emergency contact name & number \_\_\_\_\_

PLEASE SIGN FULL LEGAL NAME \_\_\_\_\_ Date \_\_\_\_\_

**Adult member, Parent or Legal Guardian**

PLEASE BE SURE APPLICATION IS COMPLETE. MAIL CHECK/MO & APPLICATION TO: WESTERN NEVADA HORSEMEN'S ASSOCIATION @ PO BOX 7284 RENO, NV 89510

Office Use Only: Amount Paid \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Rec'd by \_\_\_\_\_