

WESTERN NEVADA HORSMEN'S ASSOCIATION MEMBERSHIP APPLICATION (WNHA) PO Box 7284 Reno, NV 89510

MEMBERSHIP (LAST) NAME _____ Date _____

PRINT FULL MAILING ADDRESS _____

HOME (_____) _____ CELL (_____) _____ WORK (_____) _____

E-MAIL(S) _____

***Family Membership fee \$70.00;** a combination of a parent(s)/guardian(s) & youth(s) (12 years old & under as of January 1st of the current year). Family Memberships include immediate family members that reside in the same household. Married couples are a family membership. ***Single Membership fee \$60.00;** is one adult, 18 years & older as of January 1st of the current year. ***Youth Membership \$40.00;** a youth between the ages 13-17 as of January 1st of the current year. (Designed for those who are the only Competitor in the household) Each membership requires Volunteer of 4 hours (Ind) or 8 hours (Fam) or a \$200.00 fee will be added to the membership fee. Members may seek sponsorship(s) in lieu of volunteer of no less than \$200.00. Tracking & accountability will be upheld. ***4-H Membership fee \$100.00;** is any Nevada 4-H Horse Club may become a member of WNHA for the "club" annually. Each member, as a separate, 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 \$200.00 fee by the 4-H Member's family, not the club. All WNHA required fees must be paid to WNHA by the dates as describe in the WNHA Rulebook & By-Laws & in the current event year to be eligible for points & receipt of year-end awards. **I/We/My/Our Application will be effective from January 1, through December 31, of current year.** In accepting this application, I/We 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. **As a Member, I/We AGREE TO KNOW & ABIDE BY RULES OF THE WNHA &, as a Member I/We will abide by & not talk or distribute derogatory, defamation or slanderous emails, letters or slanderous comments among the WNHA as a whole & understand & accept that this is a members' club & shall help & support in any way.** Poor sportsmanship will not be tolerated by any Participant, Family Member, Friend, Spectator or Guest; see Rules #15 & #20 of the General Rules. Violations of this rule by anyone are grounds for dismissal from the arena grounds for the day's events without refund of entry fees. **I/WE also understand that I/We MAY NOT bring dogs to a WNHA event while on Private Property.** (My/Our application will not be accepted unless I/We have checked boxes)

SUBSTANTIAL &/OR SERIOUS RISK RELEASE Members, Non-Members, Participants (competitors/exhibitors/riders) including their family members, guests, &/or spectators, acknowledge that Western, English, Reining, Trail & Gymkhana & other related equestrian events are dangerous activities & that participation in said events as a competitor, exhibitor, rider or volunteer exposes them 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 & 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. **I/WE HAVE READ & UNDERSTOOD,** **Check Box**

VOLUNTEER/COMPETITOR MEMBERSHIP (4/8 hours min)

- \$70.00 Family Membership / \$60.00 Individual Membership
 \$40.00 Youth Membership / \$100.00 4-H Membership

COMPETITOR ONLY MEMBERSHIP (No Volunteer, \$200.00 fee)

- \$270.00 Family Membership \$260.00 Individual Membership
 \$240.00 Youth Membership / \$300.00 4-H Membership as Individual

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. I also agree to this, the terms & understand that this will apply to me as well as all others on this form, including any & all guests that are with me.

Emergency contact name & number _____

PLEASE SIGN FULL LEGAL NAME _____ Date _____

Adult member, Parent or Legal Guardian

Office Use Only:

Amount Paid \$ _____ Cash \$ _____ Check # _____ Date Rec'd _____ Rec'd by _____