



# 2019 Membership Application and Releases

The undersigned hereby submits his/her application for membership to the Hendricks County Horseman's Club, (hereafter referred to as HCHC) an Indiana Corporation, and by this application and agreement, the undersigned hereby agrees to comply with and be bound by the by-laws, rules and regulations of the HCHC as adopted from time to time, and the undersigned hereby waives liability for personal damage or property damage for himself or herself resulting from any circumstance, accident, occasion, or event wherein injury or damage is incurred while the undersigned is upon the property or about the business of the HCHC and expressly agrees to indemnify and save harmless the HCHC against any and all claims, loss, damage, injury, and liability however caused, resulting from, arising out of, or in any way connected with the undersigned's membership or arising out of any activity, event, occasion, or accident in, of, or about the HCHC, whether or not caused or contributed to by the operation or management of the property of the HCHC, and whether or not resulting from an official event or occasion of the HCHC.

New Membership       Renewal      \_\_\_\_\_ Years in HCHC (including this year)

- One Day Membership \$10 (for clinics)
- Adult Membership: (18 and over) \$25 year
- Youth Membership (0-17 years of age) \$15 year
- Family Membership \$40 year (all living in same household)

Please make check payable to:  
**Hendricks County Horseman's Club**  
 PO Box 41  
 Danville, IN 46122

(ALL adults and/or legal guardians must sign a release, additional releases on back.)

List each members name/age/& date of birth

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name of horse \_\_\_\_\_ Nickname \_\_\_\_\_

Name of horse \_\_\_\_\_ Nickname \_\_\_\_\_

additional horses/members on back

Household Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Release of Liability** (ALL adults and or legal guardians must sign a release of liability for membership to be valid, additional releases on back)

I wish to allow HCHC all rights to publish names and photos of each member listed on this form, on HCHC web sites, social media, news letters, club communications, advertisements and in the newspaper.

<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____
Parent or Legal Guardian or Adult Name PRINTED	Signature	Date

<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> _____
Parent or Legal Guardian or Adult Name PRINTED	Signature	Date

In consideration of my acceptance as a participant in the event/activity, I expressly waive, release, discharge and agree to indemnify and hold harmless Corporation and Corporation's officers, directors, employees, substitutes, agents and successors from any obligations, liabilities, claims, demands, costs and expenses, including attorney fees arising out of, directly or indirectly, in whole or in part, or in connection with any property damage, bodily injury or death, however caused, even if due in whole or in part from acts of negligence on the part of the Corporation occurring during or after my participation in the event/activity.

**WARNING**

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. As added by P.L.1-1998, SEC.27.

Office Use Only

Date Dues Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Amt \_\_\_\_\_ Liability Signatures \_\_\_\_\_ HCHC Representative \_\_\_\_\_

Additional Member Information

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  NOT to participate in High Point Program

Additional Horse Information

Name of horse \_\_\_\_\_ Nickname \_\_\_\_\_

Name of horse \_\_\_\_\_ Nickname \_\_\_\_\_

Name of horse \_\_\_\_\_ Nickname \_\_\_\_\_

**Additional Release of Liability (ALL adults and/or legal guardians must sign a release of liability for membership to be valid)**

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\_\_\_\_\_  \_\_\_\_\_   
Parent or Legal Guardian or Adult Name PRINTED Signature Date

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