



JUPITER HORSEMEN'S ASSOCIATION MEMBERSHIP FORM

- New Membership
How did you hear about JHA? _____
- Renewal

<i>Office Use Only</i>	
Date Recorded:	_____
Amount Paid:	_____
Check No.	_____
Credit Card	

Definition of Membership

Membership in the club consists of Family and Individual Members, as explained below, provided they comply with the bylaws, rules, and regulations of the club. Please select the type of membership desired.(circle one)

- Trainer (\$30 per year):** This membership is entitled to one vote. Trainers must be a member in order to participate in JHA shows.
- Affiliated Trainer (\$50 per year):** This membership is entitled to one vote. Includes listing of your name, contact info and a few sentences about yourself in our affiliated trainer list, linked on our website's home page and posted on our social media.
- Individual (\$40 per year):** This application must be completed and signed by a parent or legal guardian for riders under 18. This membership is entitled to one vote.
- Family (\$50 per year):** Open to one adult or two related adults residing together, including the children (under 18 years of age) of such adults. This membership is entitled to two votes. One person may represent the membership and cast both votes.

Name: (Please Print)			
Additional Family Members (names/ages):			
Address:			
City:	State:	Zip:	Telephone:
Cell Phone:	Email:		

VOLUNTEER OPPORTUNITIES

****Members must complete a minimum of 6 volunteer hours to be considered for Year End Awards****
Please select the volunteering activities you and/or your child are interested in.

- Hunter/Jumper Show • Dressage Show • Pleasure Show • Event Committee • Sponsorship Committee • Marketing Committee
- Volunteer Committee • Other _____

CLUB RULES OF CONDUCT

Club members shall treat other members, show staff and spectators at club show and events with respect. All members shall show good sportsmanship at all time at any show or other event of the club, taking in account the family-friendly character of the club's events (_____) (initial)

NOTICE TO ALL MEMBERS

Except as provided in Sec. 773.03, an Equine activity sponsor, an equine professional, or any other person, which shall include a corporation or Partnership, shall not be liable for any injury to or death of a participant resulting from the inherent risks of equine activities, and except as provided in Sec. 773.03 no participant, nor any participant's representative, shall have any claim against or recover from any equine activity sponsor, or equine professional, or any other person for injury, loss damage, or death of the participant resulting from any of the inherent risks of equine activities. You also give permission for pictures taken at JAH events to be used for the JHA Website or JHA promotions only. Please acknowledge receipt of the notice by completing the items below. By signing this application, you agree to abide by the Clubs Rules of Conduct explained below.

Print Name: _____ Signature: _____ Date: _____

FORM CONTINUED ON BACKSIDE

**JHA Assignment of Rights to Enter Individual
under the age of 18 into Show Classes and Events**

rev. 09/16

THE INDIVIDUAL NAMED BELOW IS UNDER THE AGE OF 18 AND HAS APPLIED FOR MEMBERSHIP WITH JHA, EITHER AS AN INDIVIDUAL MEMBER OR AS A MEMBER OF A FAMILY. THE PARENT OR LEGAL GUARDIAN OF SUCH INDIVIDUAL, WHOSE SIGNATURE APPEARS BELOW, HEREBY ASSIGNS THE RIGHTS TO ENTER THE INDIVIDUAL INTO SHOW CLASSES AND EVENTS, AND TO PERFORM IN SUCH SHOW CLASSES OR EVENTS WHEN THE PARENT OR LEGAL GUARDIAN IS NOT PRESENT ON SITE. THIS ASSIGNMENT OF RIGHTS SHALL REMAIN VALID UNTIL REVOKED IN WRITING OR FOR ONE (1) YEAR FROM THE DATE OF THE ASSIGNMENT, WHICHEVER COMES FIRST.

IN THE EVENT MY CHILD IS INJURED DURING ANY OF THE SHOWS OR EVENTS, I GRANT THE AUTHORITY TO THE PERSON ASSIGNED BELOW TO MAKE EMERGENCY MEDICAL DECISIONS AND I HAVE INCLUDED EMERGENCY CONTACT INFORMATION BELOW.

Name of Person(s) under 18: (Please Print)	
Name of Person Receiving Rights:	
Emergency Contact:	
Relationship:	Telephone:
Secondary Emergency Contact:	
Relationship:	Telephone:
If emergency services are ever required on behalf of the person under 18, the preferred hospital to provide services is:	

Signature of Legal Guardian Assigning Rights: _____ Date: _____

Please send this completed application along with your membership dues to:

Jupiter Horsemen's Association

PO Box 208

Jupiter, FL 33478

