



ALPENA COUNTY HORSEMEN'S CLUB, INC.

Addendum January 2019

# Attention!

## *Important*

# INFORMATION

#### 2019 ACHC Officers

President • Terra Koss • 989-464-5886  
Vice President • Lori Konecke • 989-590-0118  
Treasurer • Cindy Krentz • 989-727-3512  
Secretary • Pari Greene • 989-595-3362

#### 2019 Committees

Newsletter • Debbi Cokewell • [cuer@hughes.net](mailto:cuer@hughes.net)  
Website • Karen Kowalski • [karensue789@gmail.com](mailto:karensue789@gmail.com)  
Camping • Jackie Konecke • 989-356-0071  
NEMAHC Delegates • TBA  
PR & Events • Jackie Konecke • 989-356-0071



#### The new Treasurer is:

Cindy Krentz  
10811 Hubbard Lake Rd.  
Hubbard Lake, MI 49747  
989-727-3512  
[cmkrentz@gmail.com](mailto:cmkrentz@gmail.com)

**ALL Membership Applications and  
Membership Renewals should be sent to  
Cindy Krentz!**

Attached you will find an up-to-date 2019  
Membership Form and Liability Waiver

*Important Addendum to January 2019 Newsletter*

**ALPENA COUNTY HORSEMEN'S CLUB • MEMBERSHIP APPLICATION**

Membership consists of either a single person or a family (immediate family, i.e., husband and/or wife and/or children living at the same address). It is mandatory by this association that this membership application be completed in its entirety by all renewal and new members each year and sent directly to the address listed below.

**The waiver form must also be signed and dated by all members listed on the application!**

*Please Print!*

Name \_\_\_\_\_

Spouse (If Applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Children Names \_\_\_\_\_

Farm Name \_\_\_\_\_

Number of Horses \_\_\_\_\_

**INTERESTS:**

*(Mark 'X' for All That Apply)*

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Showing      | <input type="checkbox"/> Speed            |
| <input type="checkbox"/> Trail Riding | <input type="checkbox"/> Search & Rescue  |
| <input type="checkbox"/> Jumping      | <input type="checkbox"/> Team Penning     |
| <input type="checkbox"/> Racing       | <input type="checkbox"/> Endurance        |
| <input type="checkbox"/> Driving      | <input type="checkbox"/> Training         |
| <input type="checkbox"/> Dressage     | <input type="checkbox"/> Breeding         |
| <input type="checkbox"/> Reining      | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Others _____ |   |

I would be interested in helping with the following activities from above...

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

**ACHC MEMBERSHIP:**

**\$10.00 SINGLE**

**\$17.00 FAMILY**

**MARK 'X' ONE:**

New

Renewal

**PAYABLE TO:**

**Alpena County Horsemen's Club**

**MAIL TO:**

**Cindy Krentz**

**10811 Hubbard Lake Rd.**

**Hubbard Lake MI 49747**

I/we will not hold ALPENA COUNTY HORSEMEN'S CLUB or its representatives in any way responsible for damages due to injury or accidents involving my family and/or horse(s) while participating in activities organized or sponsored by ACHC. I/we understand that equine activities can be hazardous AND ASSUME ALL RESPONSIBILITY UPON SUBMISSION OF THIS FORM.

Please Print

Name \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE SIGN WAIVER!**

Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By(initials) \_\_\_\_\_ Amount \_\_\_\_\_

**ALPENA COUNTY HORSEMEN'S CLUB  
VOLUNTARY RELEASE OF LIABILITY  
AND WAIVER OF LEGAL RIGHTS**

Under the Michigan Equine Activity Liability Act, 1994 PA 351, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from the inherent risk of the equine activity.

I, the undersigned, do hereby agree willingly and voluntarily to release Alpena County Horsemen's Club from any and all liability resulting from death, personal injury, property damage or property loss occurring as a result of my or my family's membership in the Club or my participation or participation of members of my family minor children guardian children, included in any event sponsored in whole or in part by Alpena County Horsemen's Club for the duration of my membership. I fully indemnify Alpena County Horsemen's Club for all claims legal or otherwise which I may have now or in the future resulting from negligence of Alpena County Horsemen's Club, its members officers directors and/or volunteers in conjunction with my membership or Association-related events. I understand that equine activities are risky by their very nature and agree to undertake full responsibility for said risk on my own behalf, as well as on behalf of my heirs, administrators personal representatives, assigns, children, and spouse, if any.

I further agree that this release and waiver constitutes a waiver of liability beyond the provisions of the above-cited Michigan Equine Activity Liability Act. This release and waiver shall remain in effect for all claims arising under its terms for the entire duration of my membership, regardless of my or my child's level of participation in the Association or Association-related events. I also agree that if any portion of this release and waiver is struck down by a court of law, the remaining terms shall remain binding.

***MY SIGNATURE BELOW IS PROOF THAT I HAVE CAREFULLY READ THIS DOCUMENT AND THAT I HAVE HAD AN OPPORTUNITY TO REVIEW IT WITH MY ATTORNEY OR HAVE VOLUNTARILY WAIVED THAT RIGHT. I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS AND I WILLINGLY AGREE TO DO SO.***

\_\_\_\_\_  
Signature of Adult Members                      Date

\_\_\_\_\_  
Signature of Member under 18 yrs of age      Date

\_\_\_\_\_  
Signature of Member under 18 yrs of age      Date

\_\_\_\_\_  
Signature of Member under 18 yrs of age      Date

\_\_\_\_\_  
Signature of Adult Members                      Date

\_\_\_\_\_  
Signature of Parent of Legal Guardian      Date

\_\_\_\_\_  
Signature of Parent of Legal Guardian      Date

\_\_\_\_\_  
Signature of Parent of Legal Guardian      Date

