

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:

~~\$12.00~~ SINGLE

~~\$30.00~~ 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 Adult Members Date

Signature of Member under 18 yrs of age Date

Signature of Parent of Legal Guardian Date

Signature of Member under 18 yrs of age Date

Signature of Parent of Legal Guardian Date

Signature of Member under 18 yrs of age Date

Signature of Parent of Legal Guardian Date