



Miniature Horse Association of Nova Scotia



Membership Year 2026
Membership runs from
December 2025 - November 2026

Membership Form 2026

Membership fees:
Individual Membership: **\$20.00**
Family Membership: **\$30.00**

** you must be a NSEF member to participate in show*

Last Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ E-mail: _____ Phone: _____	Family Members		
	First Name	NSEF #	Circle Division
	_____ / _____		Adult / Youth
	_____ / _____		Adult / Youth
	_____ / _____		Adult / Youth
	_____ / _____		Adult / Youth

Miniature Horse Association of Nova Scotia Waiver and Release of Liability

As a condition of entry into, or volunteering at, any of the Miniature Horse Association of Nova Scotia activities, it must be understood that the participants and volunteers enter entirely at their own risk, and will not hold the Miniature Horse Association of Nova Scotia, it's directors, members, volunteer workers or owners of the grounds where the event is taking place responsible for injury, loss of damage occurring during the club's activities.

Participants and volunteers agree to release, discharge and undertake not to commence action against the Miniature Horse Association of Nova Scotia from any and all claims and causes of action, or liability of any kind whatsoever for injuries, property damage, or death which in any way may result from participating or volunteering in any of the club's activities.

The Miniature Horse Association of Nova Scotia does not assume responsibility for loss of wages, medical, dental or hospital care for athletes, officials, spectators or volunteers during any of the Miniature Horse Association of Nova Scotia activities.

_____ (Initial) By signing this waiver you, the undersigned, agree for yourself and/or the minor(s) you are parent/guardian for, that if medical treatment of any kind is required, your personal insurance and/or personal funds shall pay for all incurred expenses. The released party will not be held liable for any claims or suites of any kind.

_____ (Initial) By signing below, you the undersigned, agree for yourself and/or for the minor(s) you are parent/guardian for (listed above), that you acknowledge and accept all the risks involved in all equestrian events and activities and discharge the Released Party and it's officers and/or volunteers from any claims of any kind. The undersigned fully understand and acknowledges the possibility of accidental or other physical injury when participating in such activities as gymkhanas, clinics, horse shows, trail drives, demonstrations, and/or as spectators at such events, and will not hold Miniature Horse Association of Nova Scotia responsible for any injury, loss of damages suffered while participating in activities or services offered by the Released Party

Name: _____ / _____ Date: _____
(Please Print) (Signature)

Name: _____ / _____ Date: _____
(Please Print) (Signature)

Name: _____ / _____ Date: _____
(Please Print) (Adult, Parent or Guardian Signature)

Name: _____ / _____ Date: _____
(Please Print) (Adult, Parent or Guardian Signature)

Please Email applications to: **Jacquie Ross (Secretary) jacquieross93@gmail.com**
Or Mail to: **Jacquie Ross**
5158 Hwy #6 Toney River,
NS, B0K 1R0

___ Cash (Do not mail cash) ___ Cheque
___ E-Transfer payment minimhans@gmail.com

Payment enclosed: Amount \$ _____ Date: _____