



Miniature Horse Association of Nova Scotia

2025 Membership Form

Membership Year 2025 Membership from December 2024 - December 2025	<i>* you must be a NSEF member to participate in show</i>	Membership fees: Individual Membership: \$10.00 Family Membership: \$20.00
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Last Name: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ E-mail: _____ Phone: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Family Members</th> </tr> <tr> <th style="text-align: left;">First Name</th> <th style="text-align: left;">NSEF #</th> <th style="text-align: left;">Circle Division</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>/ _____</td> <td>Adult /youth</td> </tr> <tr> <td>_____</td> <td>/ _____</td> <td>Adult /Youth</td> </tr> <tr> <td>_____</td> <td>/ _____</td> <td>Adult /Youth</td> </tr> <tr> <td>_____</td> <td>/ _____</td> <td>Adult /Youth</td> </tr> <tr> <td>_____</td> <td>/ _____</td> <td>Adult /Youth</td> </tr> <tr> <td>_____</td> <td>/ _____</td> <td>Adult /Youth</td> </tr> </tbody> </table>	Family Members			First Name	NSEF #	Circle Division	_____	/ _____	Adult /youth	_____	/ _____	Adult /Youth	_____	/ _____	Adult /Youth	_____	/ _____	Adult /Youth	_____	/ _____	Adult /Youth	_____	/ _____	Adult /Youth
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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: _____