



MEMBERSHIP & HORSE/PONY RECORDING

HARFORD HORSE SHOWS ASSOCIATION

Annual Membership begins on the date of receipt of paid application and signed Waiver Release. No points will be credited to riders or horses for Year End Awards until registered as a member of HHSA. HHSA rules state, "To qualify for High Score Awards in Hunter or Pleasure Divisions, the animal must be registered with the Association. To qualify for High Score Awards in the Equitation Divisions, the rider must be a member of the Association. Leadline, Mini, Short Stirrup and Long Stirrup Equitation Divisions do not need to register the animal." "All animals, in order to compete in any HHSA Medal Finals, must be registered with HHSA by June 1 and have shown in at least one (1) HHSA pointed division prior to the year end medal finals in the same year. If the animal is registered after June 1, a \$20⁰⁰ late fee will be charged on top of the set horse membership fee." The responsibility of such recording shall rest entirely with the exhibitor.

INDIVIDUAL MEMBERSHIP

PLEASE SELECT THE TYPE OF MEMBERSHIP:

Senior - \$40

Senior members are riding members over 18 years of age as of 12/1 of the previous year. Senior members have full voting privileges.

Senior Amateur - \$40

Senior Amateur members are riding members over 18 years of age as of 12/1 of the previous year and comply with the USEF Rule GR1306. Senior Amateur members have full voting privileges.

Junior - \$40

Junior members are riding members who have not yet reached their 18th birthday as of 12/1 of the previous year. Junior members have voting privileges restricted only to the nomination and voting of Junior Board members for one-year terms.

Non-Riding - \$25

Non-Riding members of any age who do not ride for points toward Year End Awards, but wish to be a part of HHSA. You must be at least 18 years of age to have full voting privileges.

Name of Member: _____

Junior Age as of 12/1 of Previous Year: _____ Date of Birth: _____

Primary Address: _____

Phone: _____ Cell Phone: _____

E-mail (If member is a Junior, Parent or Guardian E-mail): _____

Trainer: _____ Trainer E-mail: _____

HORSE/PONY RECORDING

Horse/Pony SHOW Name: _____

Height: _____ Small Pony Medium Pony Large Pony Horse

Measurement Card #: _____ Measurement Card Issuer: _____

A copy of pony measurement card must be submitted with application. If pony does not have a certified measurement card issued by the USEF, MHSA, VHSA, BCHSA, or HHSA, a measurement application must be submitted and the pony measured before it can earn year end points.

Color: _____ Age: _____ Gender: Mare Gelding

Owner: _____ Primary Rider: _____

Trainer: _____ Trainer E-mail: _____

Eligible Arabian? Yes No Eligible Thoroughbred? Yes No

If horse or pony is eligible Arabian or Thoroughbred, credible documentation must be included with application. (i.e. pedigree, registration papers, Jockey Club registration print out or papers, etc.)

MEMBERSHIP FEES

Senior/Sr. Amateur \$40.00 _____

Junior \$40.00 _____

Non-Riding \$25.00 _____

Horse/Pony Recording \$25.00 _____

Additional \$20 fee for any application received after June 1st \$20.00 _____

TOTAL AMOUNT DUE _____

AMATEUR RULE

If registering as a Senior Member:

PROFESSIONAL

AMATEUR

I have read and comply to the USEF Rule GR1306 outlining Amateur certification.

Questions? 410-459-7470 or karen.cannon@hhsamd.org. Checks are to be made payable to HHSA. Please return completed application, signed waiver, any other respective paperwork (i.e. copy of measurement card, pedigree, etc.), and fees to:

HHSA Membership c/o Karen Cannon
1906 Furnace Road, Jarrettsville, Maryland 21084

HHSA USE ONLY

Date Received: _____ Total Payment: _____ Check # or Cash: _____



RELEASE, INDEMNIFICATION, WAIVER, & ASSUMPTION OF RISK
HARFORD HORSE SHOWS ASSOCIATION
2019 SHOW SEASON

In consideration for the participation of the undersigned ("Participant") in any or all the HHSA sponsored equestrian events and/or shows ("Events") during the 2019 Show Year, I hereby agree to the following:

- 1) I (Participant, Parent or Guardian's Name on behalf of Participant) _____ choose to voluntarily participate in any Events of HHSA with my horse/pony. My participation will be as a rider, trainer, driver, owner, lessee, owner, coach, driver, handler, agent, helper and/or the parent or legal guardian of minor Participant.
- 2) I understand that equestrian sports and Events are dangerous and involve inherent risks the Participant and or their horse/pony including, but not limited to, injury, accident, loss, bodily injury, trauma, pain, suffering and/or death ("Risks"). I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: (Participant, Parent or Guardian's initials) _____
- 3) I expressly assume all Risks to me and/or my horse/pony resulting from the negligence of HHSA and the venue for any Event including, but not limited to, Heavenly Waters Equestrian Center, Garrison Forest School, St. James Academy, Tranquility Manor Farm, Elkridge Harford Hunt Pony Club, Caves Farm, Claddagh Manor Farm, Vintage Oaks Farm, and Molly Hill Farm ("Venue" or "Venues").
- 4) I hereby release and hold harmless HHSA and the Venue including, but not limited to, their respective offices, officials, directors, employees, agents, volunteers, affiliated organizations, successors and assigns from any and all claims, actions, law suits, damages and causes of action arising from or associated with HHSA and any Events.
- 5) I agree to indemnify HHSA and the Venue and to hold them harmless with respect to any claims, injury or loss to me or my horse/pony and from any claims or causes of action made by others for any Risks caused by me or my horse/pony.
- 6) I have read the HHSA Rules and will abide by such.
- 7) I acknowledge that I am required to wear approved protective equipment during an Event and that HHSA strongly urges me do so while warning that such equipment cannot guard against all injuries.
- 8) If I am a parent or guardian of a minor participant, I consent to the minor's participation and agree to all of the obligations of this Release and to assume all of the obligations of a participant on the minor's behalf.
- 9) This Release shall be construed under and interpreted in accordance with the laws of the State of Maryland.

Signature of Participant, Volunteer, and/or Member and Owner
(Parent or Guardian if under the age of 18)

Date

Printed Name/Relation to Applicant (i.e. Parent, Guardian, Self, Owner)

REQUIRED Emergency Contact to be reached at a show in the event of injury

Emergency Contact Phone

