



Revision Date: 1/13/2017

# THE HORSEMEN'S ASSOCIATION OF MILLSTONE TOWNSHIP 2017 MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Name	
Address	
Email	
Home Phone	
Cell Phone	
ICE Phone Number / Name	

INTERESTS:

\_\_\_ Western Riding    \_\_\_ English Riding    \_\_\_ Carriage Driving

DUES:

___ Single Membership	@	\$20.00
___ Family Membership	@	\$25.00
___ Junior Membership	@	\$10.00 (Under 18 years of age)
___ Single Day Membership	@	\$5.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian  
for Junior Membership \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to: The Horsemen's Association of Millstone Township

Return completed form along with check or money to: *The Horsemen's Association of Millstone Township, P.O. Box 223, Millstone Twp., New Jersey 08535*

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

**ALL MEMBERS MUST SIGN WAIVER ON THE REVERSE SIDE**

Any person who joins HAMT after September 1, 2017 will have their membership extend through December of 2018, but will not be eligible to participate in the December 2017 Election of Officers and Board Members.



## The Horsemen's Association of Millstone Township Waiver and Release of Liability Form

**EQUINE ACTIVITIES LIABILITY ACT:**

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C:5:15-1 ET SEQ.

I understand that participating or being a spectator of equine-related activities, including but not limited to horseback riding, includes inherent risks of serious injury and even death. I understand that elimination of these risks would be impractical and/or even impossible. I also understand that horses are unpredictable, regardless of his/her training and/or temperament, and may behave accordingly. I knowingly and voluntarily assume and accept all risks, known or unknown, of injury and death arising out of participation in or observation of an equine-related activity. I understand that it is a participant and/or spectator's responsibility and duty to conduct himself/herself within the limits of his/her level of ability.

By signing below, I hereby waive, discharge, release and/or covenant to sue the Horsemen's Association of Millstone Township (HAMT), its officers, members, agents, leaders and other representatives (hereinafter "Releasees") from any and all liability related to any loss, damage, injury and/or death to me, my horse or my belongings that is in any way connected to an equine-related activity, even if such loss, damage, injury and/or death is a result of the negligence of the Releasees or any other individual or entity. I further agree to indemnify the Releasees and hold them harmless from any and all liability, claims, demands, damages, losses, actions, causes of action or lawsuits caused by my own negligence while participating or being a spectator of equine-related activities that are in any way related to, organized by or sponsored by HAMT. I understand and it is my express intention that my assumption of risk, waiver and release of liability shall be binding on my heirs, assigns, executors, administrators and/or other representatives, including any minors who are accompanying me in participating and/or observing equine-related activities.

By signing below, I acknowledge the existence of the Equine Activities Liability Act (N.J.S.A. §5:15-1, et seq.) and understand that it serves as a complete bar of suit and shall serve as a complete defense to a lawsuit brought by a participant or spectator against an Operator, as that term is defined by the Act.

**I hereby acknowledge that I have read this Waiver and Release of Liability Form in its entirety. I understand and voluntarily agree to be bound, and intend to bind my family, as well any other parents/legal guardians of any minor participants listed below, by its contents.**

Print Name of Participant	Signature	Date

Name of Parent/Guardian, if Participant is under 18 years of age	Signature of Parent/Guardian	Date