



MATWHA

Mid Atlantic Tennessee Walking Horse Association



Promoting the Sound Horse

Mid-Atlantic Tennessee Walking Horse Association

APPLICATION FOR MEMBERSHIP OR MEMBERSHIP RENEWAL

Mail completed application to:

Maria Perez
10138 Keysville Road
Emmitsburg, MD 21727
Springvalley96@gmail.com

NAME(S): _____
(If a Family Membership, please list first names of both Husband and Wife)

ADDRESS: _____

PHONE: _____ EMAIL: _____
Can we publish your info to other MATWHA members? _____

SIGNATURE: _____

By signing above I agree to abide by the ideals set forth by MATWHA
(If Family Membership, both Husband and Wife must sign.)

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MEMBERSHIP FEES: (Please check Membership desired)

- _____ Individual: \$20 Annual Membership
- _____ Family: \$30 Annual Membership
- _____ Youth: \$15 Annual Membership

New Membership _____ Renewal Membership _____

Membership year is January 1 through December 31 of the calendar year. Renewal dues must be paid by January 31 of the new Membership year or member must re-apply for Membership. Memberships approved after October 1 will be valid through December 31 of the following year. Make checks payable to MATWHA.

For MATWHA use only:

Date Accepted: _____

Check Number: _____

Mid-Atlantic Tennessee Walking Horse Association
Hold Harmless Agreement/Participant Release Waiver
Please Read Carefully Before Signing.

Event Sponsors and Club Administrators Do Not Assure Your Safety

Please read and initial each item. (If a Family Membership, both Husband and Wife must initial.)

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, The Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur,

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, The Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI-certified equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participant's head injuries in the event of a fall or other related accident,

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and, I acknowledge that I, The Participant, Parent or Legal Guardian, hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action or right for damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by my equine animal or me at this show, activity and/or event.

I, the undersigned, Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.

Name of Member (Please Print) _____ Signature of Member _____

Date: _____

Name of Member (Please Print) _____ Signature of Spouse, if Family Membership _____

Date: _____