

**Maui Horse Show Association
P.O. Box 1822, Makawao, HI 96768**

Membership Application for Show Year January 01, 2019 through December 31, 2019

Important Notice: All incomplete applications will be returned without processing

MEMBERSHIP TYPE (Check one):

- \$45.00 MHSA Competitor**
 \$20.00 MHSA Supporter

VOLUNTEER HOURS OR VOLUNTEER PAYMENT – REQUIRED FOR ALL COMPETING MHSA MEMBERS

- I agree to Volunteer 8 Hours to MHSA during 2019** OR
 I Agree to Pay \$80 (with this Form) to MHSA in Lieu of All Volunteer Hours for 2019

			Adult	Junior
Competitor	Supporter	Member's Name:	18 & Over	17 & Under (Birth Date)
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

FOR ADDITIONAL MEMBERS, ATTACH A SEPARATE SHEET WITH ALL INFORMATION

MHSA WILL ATTEMPT TO FEATURE AS MANY OF OUR MEMBERS' PICTURES ON PUBLIC MEDIAS (FACEBOOK & INSTAGRAM), PROGRAMS AND PUBLICATIONS AS POSSIBLE. PLEASE INDICATE WHETHER WE HAVE YOUR PERMISSION TO DO SO.

YES NO

➔ Email is how our members receive club information (last minute show updates, newsletters, show schedules & entries, rule updates, clinic information etc.) If we don't have, can't read, or are not informed of any email changes you will not receive any correspondence from the club.

Email Address: (*PLEASE PRINT VERY CLEARLY*) _____

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

____ Check here if you DO NOT want your name, address, telephone number and email listed on a MHSA roster.

RELEASE – WAIVER – ASSUMPTION OF RISK & INDEMNITY AGREEMENT

I, the undersigned, understand that Hawaii Revised Statutes, Chapter 663B (the "Statute") limits the civil liability of persons sponsoring Equine Activities (as the term is defined in the Statute, involving a horse, pony, mule, donkey or hinny). I understand that there are inherent risks of injury, including death, when participating in an Equine Activity, which risks include, but are not limited to (1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, (2) the unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals, (3) hazards such as surface and subsurface conditions, (4) collisions with other equines or objects, and (5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability.

I, the undersigned, indemnify and hold harmless, agree to release, waive and discharge the Maui Horse Show Association, its agents, employees, officers, directors, successors and assigns and representatives from any damages or claims, actions, judgments and executions which I may have or claim to have or which my heirs, personal representatives, executors, administrators and assigns may have or claim to have against the Maui Horse Show Association for all personal injuries known or unknown, or death or injuries to real or personal property, caused by or arising out of my voluntary participation, or somehow related thereto, including but not limited to any damages or injuries caused by horses, other animals, spectators or participants.

I further indemnify the Maui Horse Show Association against any costs and attorney fees incurred by it as a result of any actions arising out of any activity that I may be participating in which generates a claim. I also recognize that any horse show, clinic and other related activities are dangerous activities that may cause injury. This releases the Maui Horse Show Association from any and all liability or claims that I may have for injuries or damages arising out of my participation which includes losses caused by negligence of the Maui Horse Show Association.

REGISTRATION FORM CONTINUED ON THE OTHER SIDE

Knowing and understanding the risks of participating in an Equine Activity, including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. I execute this document voluntarily and with full knowledge of its legal significance.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE.

Signature of Member - or - Parent or Legal Guardian if Member is a minor (17 & Under)

Date

2019 MHSA Rule Book will be available for viewing and printing.

Printed copies will be available through membership services at \$5.00 each (Postage & Handling).

Membership Cards and Horse Registration Cards will be provided upon acceptance of completed application.

Membership numbers and Horse Registration numbers are required to be written on all show entries. Height cards are required to be able to show in all height restricted classes - - see Rule Book for details. \$5.00 fee is charged for any duplicate cards

HORSE REGISTRATION:

If a horse has changed names or owners within the past 5 years it MUST be recorded in this registration. The horse owner may be a member of MHSA or must sign a Hold Harmless Agreement Form available from MHSA, or a lessee of a horse shall be considered its owner if a copy of the lease is on file with MHSA prior to competing. If a horse is co-owned, then at least one owner must either be a MHSA member or sign a MHSA Hold Harmless Agreement Form. Name changes during the year are subject to a \$1.00 fee and a new registration. If any of the above registration requirements are not met, year-end points will not be awarded.

Horse Registration Fees: First Horse = \$7.00; Each Additional Horse = \$5.00

Horse Name _____ Owner _____
GENDER (Circle One) G M S **HEIGHT** (Check one): Pony-below 14.2, Horse-14.2 and above **AGE** _____
Horse Previous Name/s _____ Previous Owner _____

Horse Name _____ Owner _____
GENDER (Circle One) G M S **HEIGHT** (Check one): Pony-below 14.2, Horse-14.2 and above **AGE** _____
Horse Previous Name/s _____ Previous Owner _____

Horse Name _____ Owner _____
GENDER (Circle One) G M S **HEIGHT** (Check one): Pony-below 14.2, Horse-14.2 and above **AGE** _____
Horse Previous Name/s _____ Previous Owner _____

FOR ADDITIONAL HORSES, ATTACH A SEPARATE SHEET WITH ALL INFORMATION

Education Fund – MHSA has established an Education Fund with the goal of enhancing the equine knowledge of our members. By defraying some of the cost of sponsoring professional clinics and other educational opportunities, we strive to have all our members increase their knowledge in the 4 disciplines of Hunter, Jumper, and Western, and Dressage. Your support is greatly appreciated!

MHSA Membership Fee (\$45.00 MHSA Competitor) = _____
MHSA Supporter Membership Fee (\$20.00 MHSA Supporter) = _____

MHSA Volunteer Hours (8 Hours) or MHSA Volunteer Payment (\$80) = _____
MHSA Education Fund Donation = _____

MHSA Horse Registration Fee - First Horse \$7.00 each x = _____
Each Additional Horse \$5.00 each x = _____

Please make checks payable to MHSA - - - - - **TOTAL =** _____

I/We have read, understand and agree to abide by MHSA Membership Rules.
Note: Application for membership is subject to review & approval by MHSA Board of Directors

Printed Name Signature of MHSA Competitor or Supporter Date

Printed Name Signature of Parent or Legal Guardian if Member is a Minor (17 & Under) Date