

NIHJA 2012

Northern Illinois Hunter Jumper Association

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ E-Mail Address: _____
 Age As Of December 1, 2010 (required for all Juniors): _____
 Adult Jr 15-17 Jr 14 & Under SSH/Eq 12 & Under LSH/Eq 13+

Barn Affiliation: _____

NOMINATED HORSES:

Name	Height	Sex	Color	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check Membership Desired:

_____	Individual Membership, Equitation and Horse Nomination	\$30.00
_____	Family Membership, 3 Equitation and Horse Nominations	\$50.00
_____	Additional Horse Nomination	\$10.00
_____	Stable Membership (Up to 10 Horse Nominations)	\$50.00

Payment Enclosed Payable to NIHJA: _____

**Forms without payment attached will not be processed until payment is received, including additional horse nominations.*

Send Completed Form To: NIHJA Association Secretary
 Attn: Kris Cwik
 1835 Tanglewood Drive Unit A
 Glenview, IL 60025

In consideration of admission to membership of the Northern Illinois Hunter and Jumper Association (NIHJA), the admission being hereby acknowledged, and in further consideration of receiving permission to participate in any NIHJA activities and events, including but not limited to meetings, exhibitions, and horse shows, when qualified as a rider, owner, attendant, spectator, or in any other capacity, the undersigned hereby releases NIHJA and its agents, officers, employees, servants of and from any liability, claims, demands, actions, and causes of action whatsoever causing out of or related to any loss, damage, or injury including death, that may be sustained by the undersigned, or any property of the undersigned while in or upon the premises owned by, leased to, sanctioned by, or under the control or supervision of NIHJA, or in route to or from these premises, or any premises leased to or under the control or supervision of NIHJA. The release shall be binding upon the undersigned distributes, heirs, next of kin, executors, or administrator of the undersigned.

Signature of Member and/or Parent or Guardian of Minor

Office Use Only

Check # _____ Amount Received _____ Date Received _____