

# NIHJA 2010

Northern Illinois Hunter Jumper Association

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Age As Of December 1, 2009 (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.

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Signature of Member and/or Parent or Guardian of Minor

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## Office Use Only

Check # \_\_\_\_\_ Amount Received \_\_\_\_\_ Date Received \_\_\_\_\_