



Old Dominion Gaited Horse Association
APPLICATION FOR MEMBERSHIP OR MEMBERSHIP RENEWAL

Mail completed application to:

ODGHA
c/o David Herbert
123 April Ave.
Stephens City, Va 22655-4066

NAME(S): _____

(If a Family Membership, please list first names of both Husband, Wife and children)

ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____

By signing above I agree to abide by the ideals set forth by ODGHA (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 from the date you become a member and expires 12 months later. Renewal dues must be paid within 30 days of the expiration date or member must re-apply for Membership. For ODGHA use only:

Date Accepted: _____ Check Number: _____

**Old Dominion Gaited 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 or Significant others 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, et al, 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 or Significant Other, if Family Membership

Date: _____