

MEMBERSHIP # \_\_\_\_\_  
 (FOR OFFICE USE)

# HORSE LOVER'S MANAGEMENT CORP.

## MEMBERSHIP APPLICATION for AZ Horse Lover's Park

Location: 19224 North Tatum Boulevard Phoenix, AZ

**Mail:**  
**PO Box 72685**  
**Phoenix, AZ 85050**  
**Checks payable to HLMC**

**Annual membership is from TODAY through December 31, 2018 – PLEASE PRINT CLEARLY**

**Family Membership \$60.00**

Family Membership: List family members			M or F	Rider (R); Handler (H); Neither (N)	Memb # (for office use)
Last Name	First Name	Date of Birth			

**The Code of Conduct will be enforced at all times.**  
 Please refer to [www.AZHorseLoversPark.org](http://www.AZHorseLoversPark.org)

I, the undersigned, agree as a condition of participation in any activity, in this Association, Horse Lovers Riding Assoc. at Horse Lovers Park, to release, save harmless, defend, protect and indemnify any person and/or organization in any way associated herewith and their agents, members, officers and directors from loss, damages or liability of any sort arising out of or in any way relating to my participation, or participation by my family members, in said activity. If the participant is a minor, the undersigned parent or guardian acknowledges that they have read this agreement and agree to be bound by its term as a releaser and as a guarantor and indemnity or of said persons and/or organizations and their agents, members, officers and directors, for the minor and in the minors place and stead. I waive all rights which I now have or may have by virtue of any section if any Civil Code which may real similarly: "A general release does not extend to the claims which a credit or does not know or suspect to exist in his favor at the time of executing this release, which is known by him, must have materially affected his settlement with the debtor." I, the undersigned, agree to abide by all the Horse Lovers Riding Association rules and code of conduct. The Association reserves the right to accept or reject any membership. No membership will be reimbursed once accepted.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Note: Your e-mail will not be shared or available to anyone. It is used so you may get updates on HLMC events and newsletters.

**Parent / Legal Guardian Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>For Office Use Only:</b> Check # _____ Check Amount _____	
Cash Amount _____	Date _____