

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, 2017 – 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			

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.

The Code of Conduct will be enforced at all times.
 Please refer to 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 or day pass. No member will be reimbursed once accepted.

Parent / Legal Guardian Name (Please Print) _____

Signature _____

Date _____

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