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2/16/23 Rev.

**SAN FRANCISCO HORSEMEN’S ASSOCIATION**

**2024 Membership Application**

Founded in 1940 501(c)(3) Nonprofit Corporation [www.sfhorsemen.com](http://www.sfhorsemen.com)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sponsored by (for new member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks payable to SFHA and mail with application: SFHA, Membership Chair, 109 Berkeley Way, San Francisco, CA 94131 (415) 244-3596**

**IMPORTANT – COMPLETE AND SIGN REVERSE SIDE**

Annual dues cover the period of January 1 through December 31 of each year. Any submission/acceptance of an application and dues after October 1 is “paid membership” through the following year. Your cancelled check is your receipt**. If you do not want your name to appear in our Membership Roster,** **please check here O.**

We would like to volunteer help with the following activities or functions:

O Board of Directors

O Dinner Meetings (cooking, cleaning, et. al.)

O Dinner Raffles and/or Auctions

O Educational Meetings

O Membership

O Trails/Trail Rides/Equine Events

O Newsletter/Photography  
O Community Outreach

O Senior Color Guard

O Youth Program  
O OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To activate new membership,**

**the following is required:**

* **Sponsorship by an SFHA member in good standing.**
* **Submission of completed SFHA membership application.**
* **Attendance at least one SFHA event.**
* **Membership application acceptance, or denial, by SFHA Board of Directors.**

**Above is in accordance with SFHA By-Laws**

**As a 501(C)(3) nonprofit corporation, contributions and sponsor donations are tax deductible and vital to SFHA’s continued growth to support our various programs. TAX ID # 90-077156 TOTAL DONATION: $\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP Annual Fee**

**O New Adult Member (18 & older) $40.00  
O Renewal Adult Member (18 & older) $35.00**

**O New Couple $50.00  
O Renewal Couple $45.00**

**O New Family Membership $55.00  
O Renew Family Membership\* $50.00**

**TOTAL DUES $ \_\_\_\_\_\_**

**RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK**

I/We acknowledge that I/We have applied for membership in the San Francisco Horsemen’s Association. I/WE ARE AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE DANGEROUS AND HAZARDOUS AND I/WE WOLUNTARILY ASSUME THE RISK OF ANY AND ALL INJURIES ARISING FROM INVOLVEMENT IN ANY ACTIVITIES WITH THE SAN FRANCISCO HORSEMEN’S ASSOCIATION.

In consideration for permission to participate in activities with the San Francisco Horsemen’s Association, I/We forever release the Association, its Board of Directors, agents, officers, employees, next of kin, spouses, and representatives from any and all claims or causes of action, known or unknown, arising out of negligence, breach of contract, breach of warranty dangerous condition of property, strict product liability, property damage or loss, or any other legal theory or claim, including SFHA use of photographic and digital images from SFHA events and activities. This release is binding on my heirs, executors and assigns.

I/We expressly waive any rights I/We have under CA Civil Code Section 1542, which states, “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor.”

I/We further agree to defend, indemnify and hold harmless the San Francisco Horsemen’s Association, and its agents, officers and Board of Directors, from any claim or claims, suits, costs or expenses of any kind which arises out of or is in any way related to my participation in activities with the Association. This obligation to defend binds my heirs, assigns and personal representatives in the event of my death or incapacity.

I/We acknowledge that I/We have carefully read this Release of Liability and Express Assumption of Risk and that I/We fully understand that I/We am waiving any right to assert a claim against the Releases for any injury or loss that arises out of my participation in any activity with the San Francisco Horsemen’s Association.

**Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

I/We understand that the San Francisco Horsemen’s Association is an equal opportunity club that does not discriminate against or harass members, or potential member on the basis of sex, race, religion, national origin, pregnancy, marital status, physical and or mental disability, mental condition, or sexual orientation, or any other characteristic If you believe you have been subject to discriminatory or harassing treatment, you should immediately report the complaint of conduct to the President of the San Francisco Horsemen’s Association It is the Association’s policy to promptly and thoroughly investigate all concerns about discrimination and/or harassment and to take appropriate remedial action.

**IF YOU ARE SIGNING FOR A MINOR, PLEASE COMPLETE GENEAL RELEASE AND ASSUMPTION OF RISK BELOW--- REQUIRED FOR A MINOR UNDER 18 YEARS OLD.**

In consideration of the Minor Child detailed below being allowed to participate in SFHA activities, I/We voluntarily agree that all terms and conditions set forth herein shall equally apply to such Minor as if the Minor Child was 18 years of age or older. I/We am the parent or legal guardian of the Minor Child. I/We understand the legal consequences of signing this document, including (a) releasing the SFHA from al liability on my/our and the Minor Child’s behalf, (b) promising not to sue on my/our and the Minor Child’s behalf, (c) and assuming all risks of the Minor Child’s participation in SFHA activities. I/We allow Minor Child to participate in SFHA activities. I/We am responsible for the obligations and acts of Minor Child as described in this document. I/We agree to be bound by the terms of this document. I/We have read this Release and I/We are signing it freely**. MINORS UNDER 18 ARE REQUIRED TO WEAR A HELMET**

Minor Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_