



AURORA HORSEMEN'S ASSOCIATION

In order to process your application **BOTH SECTIONS MUST BE SIGNED AND DATED.**
This is a **REQUIREMENT** by our insurance carrier.

Section I: Hold Harmless Agreement

In consideration of being allowed to participate in Aurora Horsemen's Association (also known as AHA) activities, I assume all risks in connection with activities and agree to release Aurora Horsemen's Association, their Board of Directors, Members, the City of Parker and their employees, for any injury or damage which may befall me while I'm participating in said activities whether foreseen or unforeseen. I agree to hold them harmless from any claim by which me or my family, estate, heirs, or assigns, arising out of my participation in these activities. **Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.** I have informed myself of the contents of this affirmation by reading it before I signed and dated it. I understand, as in any sporting event or horse related activities, that there is a potential for injury, death, or other damages to me or to my family, heirs or assigns.

x _____
SIGNED BY **DATE**

Section II: BUSINESS MEMBERSHIP APPLICATION

I/We, do hereby, request membership in the AURORA HORSEMEN'S ASSOCIATION, Inc. and enclose my/our dues of \$ _____ for the calendar year 2020.

BUSINESS NAME: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____

Current and valid e-mail is mandatory for club communications, including club notices and current newsletters. AHA, its Officers and/or Board Members are not responsible for invalid or restricted e-mail addresses.

❖ Please provide your business card for inclusion on our website: www.AuroraHorsemens.org

(May we link to your business website? YES / NO If YES, provide business website address: _____ **Primary**

Business Member Name: _____ **Primary**

Business Member E-mail: _____ **Are you a**

new Business Member? YES / NO

List names of ALL designated participants (4 maximum – including Primary Business Member) under your Business Membership and state all date(s) of birth and professional* status for each participant:

DOB: _____ Professional: YES / NO

DOB: _____ Professional: YES / NO

DOB: _____ Professional: YES / NO

DOB: _____ Professional: YES / NO

*Note: AHA considers you a professional if you have shown, judged, trained or assisted in training a horse for monetary remuneration or received remuneration for instructing another person in riding, driving, training or showing a horse within the three calendar years previous to application for membership.

Reminder: Each Business Member must accrue volunteer time, meetings, events and points individually to qualify for year-end awards.

ANNUAL BUSINESS MEMBERSHIP FEES/DUES: \$40.00

I understand that Aurora Horsemen's Association membership is governed by the regulations set forth in the AHA rules and by-laws. Violating these regulations will result in penalty and/or cancellation of my/our membership(s) without refund of fees/dues.

SIGNATURE: _____ **DATE:** _____

MAIL TO: AURORA HORSEMEN'S ASSOCIATION – P.O. Box 3952 – Parker, CO 80134

Office Use Only:

PayPal _____ **Check** _____ **Cash** _____ **Date Processed** _____ **Processed By:** _____

2020

BUSINESS MEMBERSHIP