



TWIN BROOKS HORSE SHOW ASSOCIATION MEMBERSHIP APPLICATION

(You may print this form and complete it or fill in the information and print, adding signatures on waiver after printed.)

Last Name: _____

First Names: _____

(If family membership, list all names to be covered)

Address: _____

Address (line 2): _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail Address: _____

Trainer: _____

(E-mail addresses will be used to send TBHSA information only. They will not be sold or given to any other organization.)

- Membership Type: Single membership \$25.00 (1 year)
 Family Membership (children under 18) \$30.00 (1 year)
 New Renewal

New Members: Please list the name of your sponsor or person that recommended Twin Brooks to you: _____

Method of Payment: Cash Check # _____ Date: _____

~~~~~  
Mail membership application, payment and signed waiver to:

Twin Brooks Horse Show Association  
P.O. Box 126335  
Harrisburg, PA 17112-6335

Please make checks  
payable to TBHSA

~~~~~  
TBHSA needs the support of our members and volunteers to make the events and club successful. The committees/tasks listed below are some of the areas where your help is needed. Whether you can help one time or many times, please consider volunteering. Any and all time you can donate is much appreciated.

- | | |
|---|--|
| <input type="checkbox"/> Show set-up & tear down | <input type="checkbox"/> Sponsorship Committee |
| <input type="checkbox"/> Day of Show – ring crew | <input type="checkbox"/> Publicity Committee |
| <input type="checkbox"/> Day of Show – ribbon runner | <input type="checkbox"/> Show Committee |
| <input type="checkbox"/> Secretary Stand - registration | <input type="checkbox"/> Volunteer Committee |

TBHSA newsletters are published on the website and e-mailed to members that provide an e-mail address. This helps TBHSA reduce expenses and direct funds toward the events. If you do not have e-mail or access to a computer, check here and we will mail a paper copy to your home.

The TBHSA by-laws were updated in May 2014. They are posted on the website at www.tbhsa.com.

TWIN BROOKS HORSE SHOW ASSOC, Inc.

Liability Disclaimer (Effective to 12/31/2022)

Participants: _____
Address: _____
Street, city, state, zip _____
Phone: _____ Birthdate (if under 18): _____

TO BE SIGNED BY EVERY TBHSA MEMBER, PARTICIPANT, AND/OR ANY PERSON WHO RIDES A HORSE OR DRIVES A CARRIAGE AT ANY TIME. FOR TBHSA MEMBERS, THE TERMS AND CONDITIONS HEREIN APPLY TO EVERY EVENT DURING THE MEMBERSHIP PERIOD.

I understand that neither the Twin Brooks Horse Show Association, Inc. ("TBHSA"), its officers, directors, officials, organizers, members, volunteers, trainers, helpers, employees, servants, workers and/or agents, nor the property owners, accept any responsibility for accidents, damage, injury or illness to me, or any other persons or property in connection with any event, competition, show, schooling show, pleasure drive, clinic, horse riding activity, carriage riding activity, trail rides, schooling horses on the TBHSA grounds during non-organized events, or any other participation in any event and/or activity by me while on the TBHSA premises or any premises used by TBHSA, or on the premises of a TBHSA member holding a TBHSA event.

I hereby expressly agree for myself and my principals, representatives, employees, and agents that horse sports, including spectators, drivers and/or riders, involves inherent dangerous risk of serious injury or death and by participating, I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to indemnify and hold TBHSA, its officers, directors, members, volunteers, employees, and agents, completely harmless from and against all claims including any injury or loss suffered during, or in conjunction with any activity on these premises, any premises used by TBHSA, or any member's premises for a TBHSA event, whether or not such claim, injury or loss resulted, either directly or indirectly from the negligent acts or omissions of TBHSA, its officers, directors, members, volunteers, trainers, helpers, employees, agents, officials, and/or organizing committee.

I knowingly and voluntarily assume the inherent risk of injury or death as a result of participating in equine activities. I am aware of Act 93 of 2005, the Equine Activity Immunity Act which provides, "You assume the risk of equine activities pursuant of Pennsylvania law."

I agree to allow TBHSA to use any photograph or other images of me and/or my horse on any official publicity, advertisement or fund raising activity for the benefit of TBHSA and its members.

I, the undersigned, have read this Liability Disclaimer and hereby acknowledge that I understand and agree to its terms and conditions as expressed herein, and will abide by such terms as set forth above.

_____ Signature (parent or guardian if under 18)	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

NOTE: Waiver must be signed by all adults (18 & over) included in a family membership