



NEW DRESSAGE ASSOCIATION INC

2020 GMO Membership Form

Dec 1, 2019 - Nov 30, 2020

Visit USDF.org for GMO benefits

Thank you for filling out form printed completely & legibly.

___ NEW or ___ RENEWING USDF# _____

LEVEL: ___ Adult Amateur ___ Professional ___ JR/Young Rider

Adult Amateur rules available www.usef.org SUB CHAPTER 13-B AMATEURS AND PROFESSIONALS – GR1306 Amateur Status.

NAME (First MI Last) _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: Day _____

PHONE: Evening _____

EMAIL: _____

NEWDA STATE & CHAPTER COMMUNICATIONS, MEETING NOTICES and WEBSITE ACCESS all sent via e-mail; NEWDA & USDF Activities, Events, Scholarships, Shows, Recognition, available online www.newdressage.org

CHAPTER AFFILIATION:

- ___ Northeast (North of Green Bay)
- ___ Eastern (Milwaukee, Sheboygan, Fond du Lac)
- ___ Southern (Madison & areas South & West WI)
- ___ Member at Large (out of state residents only)

SCHOLARSHIP DONATION (Optional)

\$ ___ Gail Angell JR/YR Fund \$ ___ Adult Amateur
\$ ___ General Fund \$ ___ Professional

STABLE, INSTRUCTOR, BREEDER LISTING (SIB)

Fees cover brief (35 words max.) listing on the NEWDA Website www.newdressage.org Email a SIB form to newdamembershiprecorder@gmail.com

A Stable, Instructor, or Breeder (SIB) listing may be added to an individual/family membership. Include payment & check the appropriate items below.

Note: A Business Membership includes a SIB listing.

___ \$10 Stable Listing ___ \$10 Instructor Listing
___ \$10 Breeder Listing ___ \$25 (All three listings)

Like us on Facebook. Visit www.newdressage.org often for NEWDA activities, events, live/virtual shows & member recognition. *Join* the NEWDA Central, Eastern, Northeast & Southern Chapter and USDF Region 2 Facebook groups.

NEWDA GMO MEMBERSHIP OPTIONS & FEES

BUSINESS..... \$160 _____

Includes a USDF Group Membership, one individual voting privilege, business card ad (must provide business card), SIB listing and recognition on the NEWDA website.

INDIVIDUAL..... \$50 _____

For 18 yrs. & over as of current membership year.
Includes a USDF Group Membership and voting privilege.
Are you 18-21 Yrs of Age? YES / NO

JUNIOR..... \$40 _____

Must be ≤ 17 as of January 1st of current membership yr.
Includes a USDF Group Membership and voting privilege.
AGE: _____ BIRTHDATE: (mm/dd/yyyy) _____

FAMILY

- 1. Primary member + add'l mbr..... \$80 _____
- 2. Primary member + add'l mbrs..... \$105 _____
- 3. Primary member + add'l mbrs \$135 _____

Please add additional family members on waiver!

Family membership may be composed of 2, 3 or 4 people. Primary (adult) and 1 to 3 additional family members with the *same* last name or *same* home address as primary member as defined by the USDF. Family membership includes one NEWDA voting privilege and 2 to 4 USDF Group Memberships.

**** SIGN/DATE ACKNOWLEDGEMENT/WAIVER ON REVERSE SIDE FOR APPLICATION TO BE VALID! ****

MEMBERSHIP FEE.....\$ _____

SIB LISTING FEES\$ _____

SCHOLARSHIP DONATION s\$ _____

TOTAL FEES DUE.....\$ _____

Make check payable to NEWDA and mail
Membership Form, Acknowledgement/Waiver & Payment to:
NEWDA Membership Recorder Jackie Devcich
W2065 Rader Rd, Marinette, WI 54143
newdamembershiprecorder@gmail.com

Online Membership (PayPal) payment options available within Membership tab of www.newdressage.org

-- Office Use Only -- Date Received: _____
Check# _____ Amount \$ _____
Waiver Signed? Yes / No USDF# _____
Check Deposited _____ USDF remitted _____

NEW DRESSAGE ASSOCIATION INC (NEWDA)
MEMBERSHIP ACKNOWLEDGMENT AND WAIVER

I acknowledge that I have been given the opportunity to read the Association's Bylaws and agree to be bound by the provisions therein. (Bylaws are available on NEWDA website – www.newdressage.org or by request from any Board member.)

As a member of NEWDA, I may choose to volunteer for Association responsibilities or activities. I expressly agree that my services are being provided as a volunteer and that I am not an employee of the NEW Dressage Association. I am neither entitled to nor expect any present or future salary, wages, or other benefits for these volunteer services.

I freely and voluntarily seek to participate in any or all programs, events and/or activities sanctioned, produced, or sponsored by the NEWDA that include educational and training programs, youth programs, clinics, and/or competitions at any time and at any location. These activities, programs, and events will hereafter be referred to as "the Activities," and the NEWDA, together with its sponsors, managers, property owners, officials, organizers and affiliates and their respective directors, officers, members, employees, agents, volunteers, representatives, and designated officials will collectively be referred to as "Event Sponsor".

In consideration of NEWDA allowing me to participate in the Activities, now and in the future, I agree to the following:

1. Acknowledgement of Inherent Risks of Equine Activities/Assumption of Risks. Member acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, participating in, or leaving the Event. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, but not limited to: (a)the propensity of an equine or other animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b)the unpredictability of the equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals; (c)certain hazards such as surface or subsurface conditions; (d) collisions with other animals or objects; (3) the potential of member or other participant to act in a negligent manner that may contribute to injury to the member or others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; and (g) the potential that an equine or animal may cause injury or harm to the rider or other persons or animals in the vicinity. Member is not relying on Event Sponsor to list within this document all possible inherent risks or all risks of participating in any of the Activities at any location.

2. Waiver and Release of Liability. With full knowledge and appreciation of these and other inherent risks associated with equine activities and the Activities, member freely and voluntarily assumes the risks of the equine activities involved in any aspect of them. In this connection, member also voluntarily agrees to waive any and all rights to sue and hereby releases the Event Sponsor from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Event, or resulting from any action or inaction by the Event Sponsor. This waiver and release is effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of the Event Sponsor and which actions or inactions constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities. Neither Member nor Member's representatives shall make any claim against, maintain an action against, or recover from the Event Sponsor or its sponsors, directors, officers, members, employees, agents, volunteers, representatives, designated officials, or others acting on their behalf for injury loss, damage or death of the Member, to the Member's horse, or to the Member's personal property (regardless of ordinary negligence by the Event Sponsor or regardless of an alleged violation of an applicable equine activity liability law.)

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.

Member Name-Print

Member Signature

Date

Parent/Guardian (if member under 18yrs old) - Print

Parent/Guardian Signature

Date

(1) _____
Additional Family Member name -Print

Additional Family Member Signature

Date

(2) _____
Additional Family Member name -Print

Additional Family Member Signature

Date

(3) _____
Additional Family Member name -Print

Additional Family Member Signature

Date