

NIHJA 2026

Northern Illinois Hunter Jumper Association

PLEASE PRINT **LEGIBLY** AND INCLUDE **ALL** INFORMATION REQUESTED

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email Address: _____ Age As Of December 1, 2024 (**Required** for all Juniors and Below): _____

Barn Affiliation: _____ Trainer Affiliation: _____

Select Membership Type:

- INDIVIDUAL MEMBERSHIP:** Includes (1) Equitation nomination and (1) Horse nomination **\$30.00**
- FAMILY MEMBERSHIP:** Includes (3) Equitation nominations and (3) Horse nominations **\$50.00**
- TRAINER MEMBERSHIP:** Includes (1) Trainer nomination **\$20.00**
- STABLE MEMBERSHIP:** Includes up to (10) Horse nominations and (1) Trainer Nomination **\$50.00**
- ADDITIONAL HORSE NOMINATION:** Includes an additional horse nomination **\$10.00**

NOMINATED HORSE(S):

1. Name: _____ Height: _____ Mare or Gelding (Circle)

Color: _____ Owner: _____

2. Name: _____ Height: _____ Mare or Gelding (Circle)

Color: _____ Owner: _____

3. Name: _____ Height: _____ Mare or Gelding (Circle)

Color: _____ Owner: _____

PAYMENT ENCLOSED PAYABLE TO NIHJA: _____

***Forms without payment attached will not be processed until payment is received, including additional horse nominations**

In consideration of admission to membership of the Northern Illinois Hunter and Jumper Association (NIHJA), the admission being hereby acknowledged, and in further consideration of receiving permission to participate in any NIHJA activities and events, including but not limited to meetings, exhibitions, and horse shows, when qualified as a rider, owner, attendant, spectator, or in any other capacity, the undersigned hereby releases NIHJA and its agents, officers, employees, servants of and from any liability, claims, demands, actions, and causes of actions whatsoever causing out of or related to any loss, damage, or injury including death, that may be sustained by the undersigned, or any property of the undersigned while in or upon the premises owned by, leased to, sanctioned by, or under the control or supervision of NIHJA, or in route to or from the premises, or any premises leased to or under control or supervision of NIHJA. The release shall be binding upon by the undersigned distributes, heirs, next of kin, executors, or administrator of the undersigned.

Warning: Under the Equine Activity Liability Act, each person who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of Equine Activities. (Senate Bill 240-IL)

Signature of Member and/or Parent or Guardian of Minor _____

Send Completed Form To:
NIHJA Association Secretary
1560 Lake Shore Dr. S
Barrington, IL 60010

NIHJA Horse Show prize lists will be emailed unless you request a hard copy to be sent to you by USPS mail

I WOULD LIKE A HARD COPY SENT TO ME BY MAIL (Please check) []

For Office Use Only: Check # _____ Amount Received _____ Date Received _____