



United States Hunter Jumper Association Recognized Riding Academy Renewal Application

This application is to be completed for RENEWAL as a USHJA Recognized Riding Academy. Recognized Riding Academies must renew each year to ensure that they continue to meet the expectations of a USHJA Recognized Riding Academy. Recognized Academies must be current on all membership fees and continue to meet all the requirements listed in the USHJA Recognized Riding Academy Information Packet. Any significant changes to the Riding Academy program will require the completion of a new application and reevaluation for recognition. The renewal fee is \$75 and will secure the riding academy's membership for the competition year to end on November 30. Thank you for your continued support of USHJA programs!

General

Academy Name: _____ USHJA# if applicable: _____

Academy/Facility Owner: _____ DOB: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone (Business): _____ Cell: _____

Email: _____ Website: _____

Name of Applicant: _____ Title: _____

Applicant Email: _____ Applicant Phone: _____

List the key staff member who is a current USHJA member in good standing.

Name: _____ Title: _____

Email: _____ USHJA#: _____

Is a USHJA Certified Trainer on staff? Yes No If so, USHJA #: _____

I, _____, attest that this USHJA Recognized Riding Academy continues to support and encourage sport growth by offering a safe, beginner-rider introduction and educational environment for individuals seeking entry into the activity of riding in the hunter and jumper disciplines. This USHJA Recognized Riding Academy continues to meet the minimum requirements for facility, operation, safety, staff, and curriculum established in the USHJA Recognized Riding Academy Information Packet and agrees to continue working with the USHJA to promote membership opportunities and programs. I understand that any significant changes to the Riding Academy program will require the completion of a new application and re-evaluation for recognition.

I verify that the information contained in this application is true and correct, and I acknowledge and understand that any misstatements or omissions of material facts may result in disapproval of this application. I understand that at any time the USHJA has the right to seek recommendations from industry professionals within an applicant's area to verify the academy's adherence to the standards and expectations of the USHJA recognition program. I acknowledge and understand that the acceptance of an applicant for recognition in the USHJA Recognized Riding Academy program remains at the sole discretion of the USHJA.

All parties to this Riding Academy understand that recognition does not imply certification or endorsement by the United States Hunter Jumper Association and acknowledge that the USHJA takes no responsibility and has no liability for any injury, illness, or action deemed unsafe or negligent during the operation of the Recognized Riding Academy.

By signing this application and submitting the membership fee, you agree to uphold USHJA's Membership Code of Conduct: *"As members of the USHJA, we recognize our role in furthering the hunter and jumper sports by holding ourselves to the highest ethical standards. Members shall: adhere to the rules and standards set forth by the USHJA and USEF and work to further their goals and objectives; ensure that the welfare of the horse is the foremost consideration and that every horse shall be treated humanely, with dignity and compassion; and conduct all business affairs with transparency to promote confidence among all equestrians and the public in the hunter/jumper Industry."*

Please be advised: The typing of your name shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields provided, you are confirming this verification statement and the truth of the contents of the application.

Signature of Applicant: _____

Print Name: _____ Date: _____

Signature of Academy/Facility Owner: _____

Print Name: _____ Date: _____

Payment

Method of Payment:

Please indicate: \$75 Renewal

Visa

MasterCard

American Express

Check #: _____

Credit Card #: _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____ Billing Zip Code: _____

Please submit a completed renewal application, Certificate of Insurance, a client contact list, and application fee to:

Mail:
United States Hunter Jumper Association
Attn: USHJA Recognized Riding Academy
3870 Cigar Lane
Lexington, KY 40511

Fax:
859.258.9033

Email:
wbarnard@ushja.org

****USHJA recommends submitting applications containing credit card payment via fax or mail. Please do not email credit card information as it is not a secure method for transmitting sensitive data.**