



Jockeys' Guild, Inc.

NEW MEMBER ENROLLMENT

ESTE PAQUETE DE INFORMACION ESTA DISPONIBLE EN ESPANOL

*Dedicated to the health and safety of
professional jockeys in the United States*

PLEASE COMPLETE, SIGN, AND RETURN THE FOLLOWING:

- Membership Application
- Assignment by Jockey of Certain Media, Publicity, Promotional, and Other Rights
- Authorization for Representation form
- Life insurance enrollment form (complete, sign, and date)
- Annual Dues of \$100 (Initial dues for applicants who join from 7/1 thru 10/31 are \$50; dues for applicants who join from 11/1 thru 12/31 are waived for that year). Make check payable to Jockeys' Guild, Inc.

RETURN TO A GUILD MEMBER REPRESENTATIVE OR MAIL TO:

*Jennifer Ray
Jockeys' Guild, Inc.
2365 Harrodsburg Rd.
Suite B375
Lexington, KY 40504*

INFORM THE HORSEMEN'S BOOKKEEPER AT EACH TRACK THAT YOU ARE A JOCKEYS' GUILD MEMBER.

- Members must ride and contribute on all mounts to be eligible for temporary disability benefits

QUESTIONS? PLEASE CONTACT:

- **Jennifer Ray** or your Regional Manager
phone | (859) 523-JOCK (859) 523-5625
fax | (859) 219-9892

JOCKEYS' GUILD REGIONAL MANAGERS AND CONTACTS

John Beech (512) 826-3344	Darrell Haire (909) 241-2704	Willie Martinez 502-643-5256	Herbie Rivera, Jr. (727) 637-2426	Javier Torres (773) 425-2534	Joel Campbell (847) 372-6276
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- **Terence J. Meyocks**, President & CEO
(859) 523-5625

Jockeys' Guild, Inc.

ACTIVE MEMBERSHIP APPLICATION

NAME: Last First Middle		
RIDES AS (if applicable):		
DATE OF BIRTH: MONTH / DAY / YEAR	SOCIAL SECURITY: - -	
GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	PREFERRED LANGUAGE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	
PERMANENT ADDRESS		
STREET ADDRESS:		APT. #:
CITY:	STATE:	ZIP:
CELL PHONE:	E-MAIL:	
EMERGENCY CONTACT		
NAME:	RELATIONSHIP:	
CELL PHONE:	ALT. PHONE:	

I DECLARE AND AGREE TO ALL THAT APPLY:

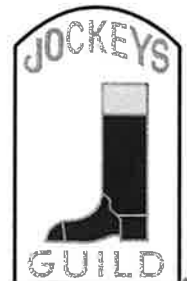
I am a jockey in good standing with the racing Stewards and Officials in all jurisdictions in which I have ridden or been licensed to ride both inside and outside of the United States; I agree to pay any and all dues and mount fees which are authorized by the Guild's Senate. Currently, the annual dues are \$100 and mount fees are as designated by the Board of Directors; I do hereby designate the Guild as my collective bargaining agent; I do hereby designate the Guild as my media and marketing agent for the use of my name, likeness, and image within the framework of collective uniform media marketing agreements. Attached hereto are (a) the Assignment by Jockey of Certain Media Rights, Publicity, Promotional, and Other Rights presented to implement certain industry collective agreements, and (b) application for life insurance. **MEMBERS MUST RIDE AND CONTRIBUTE ON ALL MOUNTS TO BE ELIGIBLE FOR ALL BENEFITS.**

APPLICANT'S SIGNATURE: _____ DATE: _____

REGIONAL MANAGER/
GUILD REP. SIGNATURE: _____

FOR OFFICE USE ONLY	
Received:	_____
Entered:	_____
Dues Paid:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Notes:	_____

2365 HARRODSBURG RD.
SUITE B375
LEXINGTON, KY 40504
PHONE 859-523-5625
FAX 859-219-9892
WWW.JOCKEYSGUILD.COM



BENEFICIARY DESIGNATION FORM INSTRUCTIONS



You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first.

The completion of this Beneficiary Form will revoke any previous beneficiary designation(s), if any, for your group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group/employer.

Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. The listed percentages must add up to 100%. Please provide all of the information requested. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your Company's benefits administrator or your own legal advisor.

A beneficiary for employee Life Insurance may be changed at any time upon written request.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
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Example #2:

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
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Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
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John Does	Relationship: Son	Benefit Percentage: 25%
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If additional space is required, write, "See attached", on the beneficiary line on the beneficiary designation form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. **This separate sheet should be signed by you (the Employee) and dated.**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies: Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). The Hartford also provides administrative and claim services for employer leave of absence programs and self-funded disability benefit plans.

BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number:	Social Security Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Address:	Telephone Number: ()	
Policyholder/Employer:	Policy Number:	

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your Company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: ()	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: ()	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: ()	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %

CONTINGENT BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: ()	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %
Name: _____	Date of Birth: _____	
Address: _____	Telephone Number: ()	
Social Security Number: _____	Relationship: _____	Benefit Percent: _____ %

Disclaimer: Spousal consent does not apply to ERISA plans.

Spousal Consent For Community Property States Only: If you live in a community property state - Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life and/or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse: _____ **Date:** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: _____ **Date:** _____

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)



ASSIGNMENT by JOCKEY OF CERTAIN MEDIA, PUBLICITY, PROMOTIONAL, and OTHER RIGHTS

I hereby irrevocably assign to the **JOCKEYS' GUILD, INC.** (the "Guild") a New York non-profit corporation, all of my rights with respect to the commercial use of my name, portrait, picture, image, likeness, biography, voice, or personal items worn or carried by me, at a recognized track including but not limited to, all broadcasts and other off-track presentations of races in which I have ridden at any time after April 29, 1973, and in any and every manner connected with off-track betting on races, together with any and all claims which I may have for damages, injunctive relief, compensation, or other benefits with respect to their use, subject to the following terms and conditions:

1. Definitions. The term "recognized track" shall mean a flat horseracing track located in the United States where pari-mutuel wagering is legal. The rights under this agreement are granted for all activities in which I participate at such a recognized track. The term "broadcasts and other off-track presentations" shall include, but not be limited to, all television, radio, and internet presentations (regardless of whether the presentation is live or reproduced from film, tape, electronic or any and all other means and regardless of how the same is transmitted), all motion picture presentations and reproductions thereof and all other presentations (whether oral, written, visual or otherwise) resulting from or based on signals of information transmitted or transported off the track through space, satellite, or any and all other means whatsoever.

2. Assignment of Rights. The rights hereby assigned may be reassigned, in whole or in part at any time, without my further authorization or consent, but subject to the same terms set forth in this agreement. Nothing in this instrument shall be construed to assign my rights with respect to, or limit my right to exploit, the use of my name, portrait, picture, image, likeness, biography, or voice, and or any of them in any manner not expressly provided herein.

3. Disclosure of Personal Sponsorships. I agree that the Guild's ability to encourage and engage sponsors at Grade I races will be materially enhanced if all jockeys consent to allow the Guild to package the sponsorship opportunities on jockey apparel (such as pants, boots, turtlenecks, leggings and helmet covers) for all the jockeys in a particular race. Accordingly, I assign to the Guild the right to enter into corporate sponsorship agreement(s) for jockey apparel in the Kentucky Derby, Preakness Stakes and Belmont Stakes and the Breeders' Cup races and such other specific races as may be determined by the Board of Directors of the Guild.

4. Personal Item Revenue. To assist the Guild in its collective bargaining efforts, I agree to provide the Guild with a copy of any agreement currently in force pursuant to which I receive revenue from advertising, publicity, or promotions relative to any personal item commonly controlled by a jockey, whether worn or carried. By way of illustration, such items include: pants, boots, turtlenecks, leggings, or helmet covers. I acknowledge I may not enter into a new personal item revenue agreement or extend the term of any current agreement.

5. Quality Control. The Guild represents it will not permit any use of my name, portrait, picture, image, biography, voice, or personal items worn or carried by me in a manner that disparages me or casts me in a false light.

6. Consideration. The sole consideration for my entering into this agreement is the execution by other jockeys of agreements in substantially the same form. I waive any claim, except as hereinafter provided, to any further consideration for the use or reassignment of these rights, and the Guild may reassign these rights upon such terms and conditions as it deems proper. Any consideration or funds paid to the Guild for reassignment or for use of these rights, or any damages paid for violation of such rights, shall be used by the Guild for the benefit of its members.

7. Enforcement. The Guild may bring action at any time, in its own name or in my name, or both names, for injunctive relief, damages, or both, against any persons or entities using my name, portrait, picture, image, likeness, biography, voice, or personal items worn or carried by me, at a recognized track, if such person or entity has not received a valid consent or reassignment of such rights to use. I agree to cooperate fully with the Guild in connection with any such enforcement action. The failure of the Guild to do so shall not be deemed a waiver of the rights assigned hereby. However, if a person or entity uses, without consent or authority, my name, portrait, picture, image, likeness, biography, voice, or personal items worn by me, at a recognized track, and the Guild does not take any action against such person or entity, on 30 calendar days' notice to the Guild I may file an action in my own name and seek damages on my own behalf.

8. Amendment or Termination. This assignment may be modified or amended from time to time with my consent, or terminated at any time without my consent, by resolution of the Board of Directors of the Guild. At any time after seven (7) years following the date I sign this agreement, I may terminate this agreement by sending a written request via certified mail to the Guild Office. The Guild shall thereafter reassign to me all the right, title and interest which it may then have in and to the rights hereby assigned for races occurring after the date on which such written request is received by the Guild.

9. Integration. This agreement is the entire agreement between the parties with respect to the subject matter hereof and may not be amended, changed, modified or altered except in writing signed by both parties hereto. This agreement supersedes all prior agreements or understandings, whether written or oral, express or implied, between the parties with respect to the subject matter hereof.

10. Jurisdiction and Disputes. This agreement shall be governed in accordance with the laws of the state of Kentucky. All disputes under this Agreement shall be resolved by a state or federal court located within Jessamine County, Kentucky.

This agreement is entered into this _____ day of _____, 20__.

Jockey Signature

JOCKEYS' GUILD, INC.

Printed Name

Signature of Guild Representative

Witness

Title

AUTHORIZATION FOR REPRESENTATION

I, the undersigned, licensed Jockey, employed at _____ race track in the city of _____ and the state of _____, AUTHORIZE JOCKEYS' GUILD, INC. to represent me in negotiations for better wages, fees, hours and working conditions.

Name: _____

(PLEASE PRINT)

Address: _____ Cell Phone: (_____) _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

All cards are kept confidential by Jockeys' Guild, Inc. and the National Labor Relations Board.

AUTORIZACIÓN PARA REPRESENTACIÓN

Yo, el firmante abajo, Jockey licenciado, empleado en _____ la pista de carreras en la ciudad de _____ y el estado de _____, AUTORIZO A JOCKEYS' GUILD, INC. a representarme en negociaciones para mejores jornales, honorarios, horas y condiciones trabajadoras.

Nombre: _____

(POR FAVOR IMPRIMA)

Calle Y Nmero: _____ Celular: (_____) _____

Ciudad: _____ Estado: _____ Zip: _____

Firma: _____ Fecha: _____

Todas las cartas son confidenciales por Jockeys' Guild, Inc. y la junta Nacional de Relaciones Laborales.