

Washington Cutting Horse Association Membership Application

All family members that wish to become members of the Washington Cutting Horse Association must complete this form. Waiver must be signed and a check enclosed. Memberships are due January 1.

Please check one: FAMILY (50.00) _____ SINGLE (40.00) _____ YOUTH(17.50) _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Social Security Number _____

NCHA #'s _____ Non-Pro _____ yes _____ no

Release of Waiver

Acknowledgment of Risk: The undersigned acknowledges that the participation in horse events, either as a contestant, employee or volunteer exposes the participant to substantial risk of property damage, personal injury or death. The undersigned expressly acknowledge that his/her participation in club events will involve such a hazard.

Release of Sponsors: The undersigned hereby releases all sponsors, officers and Directors from liability and any all property damage, personal injuries or other claims arising from the undersigned participation in an event, including those known and unknown, unforeseen, future or contingent.

Covenant Not to Sue: The undersigned conveys that the undersigned shall not now or at any time in the future, directly or Indirectly, commence or prosecute any action, suit or other proceedings executed and delivered in the Release as of the date signed below against the Washington Cutting Horse Association or its Officers, Directors, Employees, Agents or Affiliates arising out of or related to the actions, caused of action, claims and demand hereby waived, released or discharged by the undersigned.

Assurances: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release.

Binding Effect: This Release shall be binding upon the undersigned and the undersigned's spouse, legal representative, heirs, successors and assigns.

This release has been fully and carefully read by the undersigned and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered the Release as of the date signed below.

Note: If this is a joint membership, both parties must sign below

Signature 1 (Guardian for Minor)

Date

Signature 2 (Spouse if Joint Membership)

Date



REMINDER: Waiver must be filled out each year for insurance requirements.

MAIL IN TODAY .