

Washington Cutting Horse Association Membership Application

ALL Members must sign complete & sign this form. If Family membership, both members must complete & sign.
Waivers must be signed before riders begin their work in the arena.

Please check one: Family (\$50) _____ Single (\$40) _____ Youth (\$17.50) _____

(1st member) **Name** _____
Address _____ City _____
State _____ Country _____ Zip Code _____ Mobile phone (____) _____
Email _____ Social Security # _____
NCHA # _____ Open ____ NP ____ AM ____

(2nd member) **Name** _____
Address _____ City _____
State _____ Country _____ Zip Code _____ Mobile phone (____) _____
Email _____ Social Security # _____
NCHA # _____ Open ____ NP ____ AM ____

Release of Waiver

Acknowledgement 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 hazard.

Release of Sponsors: The undersigned hereby releases all Sponsors, Officers and Directors from liability and any (or 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 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, causes 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 the terms and conditions. The undersigned has voluntarily executed and delivered the Release as of the date signed below.

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

1st Member (or Guardian for Minor) _____ Date _____
2nd Member (if Family membership) _____ Date _____
Youth _____ Date _____

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