

Gold Country Cutting Horse Association – Membership Application

Name: _____ Children & age: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Email address: _____

NCHA Number (not required for membership) _____

New Renewal Address Change

\$40.00 Family \$35.00 Single \$10.00 Youth (age 18 and under)

Release From Liability & Waiver Of Responsibility

In consideration of the permission granted to the undersigned to enter upon a portion of the property that the Gold Country Cutting Horse Association is currently holding a cutting, and the owners of said property and the surrounding grounds the undersigned, for myself, my heirs, executors and assigns, represent to and agree with Gold Country Cutting Horse Association, and all said property owners, that I am well aware of the ordinary and extraordinary hazards and risks ever present on the premises such as those on which the Gold Country Cutting Horse Association cuttings are held, because of the nature of the events conducted there and the general use of the premises. I hereby assume all risks for any accident resulting, directly or indirectly, from any occurrence at or near said property for myself and my employees, if any, including any and all expenses to me, and I hereby release, waive and discharge all claims, demands and causes of action, past, present, or future, I may have against the beneficiaries of this agreement with respect there to. This release shall also cover the loss or crippling of any livestock or for any injury or damage incurred by me or to any owner or exhibitor or persons in my employ, in any manner whatsoever or from any cause. I further agree that the provisions of this agreement are severable and that each of them is inoperative if it is not enforceable against me, but that the non-enforceability of any of these provisions shall not vitiate other provisions of this agreement.

Date: _____

Signature of Member/Applicant: _____

I, the undersigned, acknowledge and understand that it is my responsibility to determine the eligibility of any horse that I enter in a GCCHA cutting as well as my eligibility to enter any GCCHA cutting. I agree to be responsible for entering only classes for which I am eligible to show and I understand that any points earned in a class for which either the horse shown or myself was not eligible, will be revoked.

Date: _____

Signature of Member/Applicant: _____

Make your check payable to: **GCCHA, 6624 Beech Ave., Orangevale Ca. 95662**

All Owners and Riders Must Be Current Members ~ 2010 Show Season