

The North Dakota Cutting Horse Association

MEMBERSHIP APPLICATION

Name: _____

Mailing Address: _____

Phone: _____ (home) _____ (cell)

E-mail address: _____

NCHA #: _____

Membership Dues: Family: \$20.00 Single: \$15.00 (circle one)

If family membership, list name of each member and DOB if youth:

Please return completed forms and dues to:

Natalie Miller, 6311 106th St NE, Bismarck, ND 58503

Release from liability and waiver of responsibility: As a condition to participate in this event, the NCHA, its affiliates, show producers, directors, officers, employees, members, agents and representatives ARE HEREBY released from all claims, demands, or causes of action of any kind or nature whatsoever; where now existing or to hereafter accrue on account of any damage, cost or expense (i) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER, INCLUDING BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF NCHA, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the NCHA constitution, Bylaws, Rules or regulations and the risk of such damage, cost or expenses which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms and other helpers associated with the participation of horse(s) described herein in this event and the undersigned indemnifies the NCHA from all claims, demands or causes of action based on any of the foregoing.