



APPLICATION FOR MEMBERSHIP

All membership dues expire December 31st

\$30 Family _____ \$20 Single _____ \$10 Youth _____

Total \$ _____

If Family, list family members: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

NCHA#: _____

Social Security Number: _____

Spouse SSN: _____

Paid: Cash _____

Paid: Check No. _____

Paid: Credit Card # _____ Expiration Date: MM _____ YY _____

* A .03% surcharge will be added to all credit card transactions

**SEE REVERSE SIDE
ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION
AGREEMENT**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledge, the undersigned agrees, represents, warrants to the **Northeast Alabama Cutting Horse Association (NEALCHA)**, an Alabama nonprofit corporation, its directors, officers, members, employees, agents, and their heirs, personal representatives and assigns (the "releasees") as follows:

I. ASSUMPTION OF RISK - I represent to you that I am an experienced horse rider, that I have participated in cutting horse competitions and that I am fully aware of the risks and dangers in horseback riding, cutting horse activities and riding a horse around cattle. I understand that even under the best of circumstances, the horseback rider can be hurt through no negligence of any other person. It is my responsibility and I agree to inspect all equipment used and any and all horses I am to ride. I hereby assume all of the risks by injury, loss and damage I may sustain and I take full responsibility for any injury that I may incur by reasons of riding, participating in cutting horse competitions or events and any other activity during any event with the **NEALCHA**. I assume all risks of my riding or participating in cutting horse competitions, events and other such activities including the risk of any injury to myself or my horse.

II. RELEASE - I have read and understand this document and it has been fully explained to me to my satisfaction. I fully understand and agree with all of its terms and conditions hereof. Based upon my experience, the representations made in this agreement and the assumption of the risk of injury to myself or my horse by virtue of my participation in cutting horse activities or any other event or activities of the **NEALCHA**, I hereby agree to release the **NEALCHA**, its directors, officers, members, employees, agents and their heirs, personal representatives and assigns of and from any and all legal claims including claims for personal injury or property damage which may arise or result by reason of an occurrence or happening arising out my horseback riding participation in cutting horse events, competitions or activities or my attendance at any cutting horse competition, event or activity of the **NEALCHA**. I agree not to bring or prosecute any litigation against any of the said releases for any injury or damage that may occur on or after the date of the execution of this agreement. This agreement shall further apply to any and all future **NEALCHA** events, competitions and activities and this agreement may not be modified or waived without prior written consent of a duly authorized agent of the **NEALCHA**.

III. INDEMNIFICATION - I agree to indemnify and hold the **NEALCHA**, its directors, officers, members, employees, agents and their heirs, personal representatives and assigns, harmless from any and all claims, actions, losses, injuries, damages, cost and expenses arising out of or resulting from or in any connection with any act or conduct of the undersigned or any of my family or guest attending or participating in an cutting horse competition, event or activity organized, arranged or sponsored by the **NEALCHA** or any of its directors, officers, members, employees, agents, or their heirs, personal representatives or assigns.

IV. If any provision of this agreement is determined to be invalid, illegal or unenforceable, the validity, legality, and enforceability of the remaining provisions shall not be affected or impaired in any way.

DATED THIS _____ DAY OF _____ 2014

SIGNATURE

Please Return to:

Robin Swayne
RR1 Box 152B
Elizabethtown, IL 62931

If you have, any questions please call: 618-841-9675 or email:
swayne04@yahoo.com