



Cave Creek Cutting Horse Association  
 PO Box 850  
 Paulden, AZ 86334



MEMBERSHIP FORM and RELEASE OF LIABILITY  
 Membership Year October 6, 2018 – March 30, 2019

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SS/TIN: (mandatory) \_\_\_\_\_

EMAIL: \_\_\_\_\_ NCHA MEMBERSHIP #: \_\_\_\_\_

\_\_\_\_\_ \$35.00 Annual Individual Membership Dues

\_\_\_\_\_ \$45.00 Annual Family Membership Dues

**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agrees, represents, and warrants to the Cave Creek Cutting Horse Association (CCCHA), an Arizona 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 of 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 CCCHA. 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 CCCHA, I hereby agree to release the CCCHA, 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 of my horseback riding participation in cutting horse events, competitions or activities or my

attendance at any cutting horse competition, event or activity of the CCCHA. I agree not to bring or prosecute any litigation against any of the said releasees 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 CCCHA events, competitions and activities and this agreement may not be modified or waived without prior written consent of a duly authorized agent of the CCCHA.

III. INDEMNIFICATION -

I agree to indemnify and hold the CCCHA, 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 a cutting horse competition, event or activity organized, arranged or sponsored by the CCCHA 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.

A signed release acknowledges that the undersigned is aware of the inherent risks associated with equine activities, is willing and able to accept full responsibilities for his or her own safety and welfare and releases the equine owner or agent if grossly negligent or commits willful, wanton or intentional acts or omissions.

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT, COMPLETE AND:

- Mail with your check to CCCHA, PO Box 850, Paulden, AZ 86334

THANK YOU!!!!