

# MEMBERSHIP APPLICATION 2019

## OREGON CUTTING HORSE ASSOCIATION

- Single** (1 vote) \$40.00 Complete section 1 below & Waiver  
 **Family** (2 vote) \$50.00 Complete section – All Sections & Waiver  
 **Youth Only** \$5.00 Complete section 1 & Waiver

**Non Oregon CHA Members** –i.e. loopers, children, anyone horseback, All Sections & Waiver

**Renewal**

**New Member**

Canadian member please add \$25.00 for first-class mailing fee

### Section 1 – Single, Youth

Please mark if address or phone number has changed. A portion of the following information will be listed in the directory.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Ranch Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

Please mark all that apply:  OWNER  TRAINER (A trainer's list will be published in the directory)

**SSN # or Tax ID#** \_\_\_\_\_ **NCHA #** \_\_\_\_\_ **Non Pro Card Holder?** \_\_\_\_\_

Required for 1099's misc. tax forms - MANDATORY

Do you have accident and/or medical insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have personal and/or liability insurance to insure your personal and/or horse activates \_\_\_\_\_ Yes \_\_\_\_\_ No

### SECTION 2: FAMILY MEMBERSHIP

Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

SSN# or Tax ID# \_\_\_\_\_ NCHA# \_\_\_\_\_ Non Pro Card Holder? \_\_\_\_\_

Please mark all that apply:  OWNER  NON PRO  TRAINER

Children & Dates of Birth \_\_\_\_\_

Other Family Members: \_\_\_\_\_

### MANDATORY SECTION 3: LIABILITY WAIVER – MUST BE SIGNED BY ALL PARTICIPANTS

Oregon Cutting horse Association (OCHA) is a non-profit cutting horse association. I will hold Oregon Cutting Horse Association or any of its agents, officers, volunteers, sponsors, employees or stock contractors, free and harmless of any claims, suit, demand or judgment against any person, company or corporation, which resulted or was caused by my attendance or participation in any event related to the OCHA. I further agree that I shall not make any claim against the Oregon Cutting Horse Association any owners, managers of the facilities or grounds utilized, or said persons named above for any injury and/or damage to myself or horse resulting from my participation. Non-members agree to all liability waivers and agree to compete at their own risk at an OCHA event. OCHA does not require Equestrian Protective headgear, by signing you waive all claims in results of an accident/injury resulting from not wearing the Equestrian Protective headgear. The undersigned also does hereby assent that this agreement shall be binding upon his/her heirs, executors, or administrators.

By signing you waive claims for all participants listed on the membership application.

Signature participant, parent and/or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND DUES PAYMENT TO: Oregon CHA PO BOX 492, Sublimity, OR 97385 (503) 769-2037**