

San Diego Cutting Horse Association

329 Webster Rd
Brawley, CA 92227

760-344-9009
760-344-9099 FAX
www.sandiegocutting.com

Membership Form

Single\$30 Family.....\$45 Youth.....\$15

Circle One

Year: _____

Name _____

Address _____

City _____

State/Zip _____

Phone: Home _____ Cell _____

Email: _____

NCHA # _____

Social Security # _____

RELEASE FROM LIABILITY AND WAIVER OF RESPONSIBILITY

As a condition to participate in any SDCHA sanctioned events, its directors, officers, employees, members, agents and representatives ARE HEREBY RELEASED from all claims, demands, or causes of action of any kind or nature whatsoever, whether now existing or to hereafter occur, on account of any damage, cost or expense (1) 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 SDCHA, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES: or (i) as a result of the interpretation or enforcement of the Bylaws, Rules or Regulations and the risk of any such damage, cost or expense 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 helps associated with the member stated above. The undersigned indemnifies the SDCHA from all claims, demands, or CAUSES of action based on any of the foregoing.

Signature _____ Date _____