



**Please remit forms and payment to:**  
 CACHC  
 C/O Darlene Lapointe  
 162 Sunset Pt.  
 Cochrane, Alberta  
 T4C 0L1  
 E-Mail: centralcutters.clubsecretary@gmail.com  
 Web: www.centralalbertacuttinghorseclub.com

## 2021 Membership Form

Membership	<i>(Please check &amp; complete all that apply)</i>	\$45.00	___	\$	___
Family Membership		\$75.00	___	\$	___
Loper Membership		\$10.00	___	\$	___
Western Horse Review Subscription	<i>(Subscriptions end yearly in Jan)</i> Add	\$13.00	___	\$	___

### Personal Sponsorship Opportunities

**\$20** \_\_\_ **\$50** \_\_\_ **\$100** \_\_\_ **\$250** \_\_\_ (Bronze Pkg) **\$Other** \_\_\_ **Total Enclosed** \$ \_\_\_

\*If by year end, my earnings check is accumulated to less than \$20.00 I will donate it to the CACHC NO \_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Check classes for which you are eligible:**

Open	___	NP Novice Horse	___	Open Ranch	___	Youth	___
Non-Pro	___	\$2000 Limit Rider	___	NP Novice Ranch	___	Novice Youth	___
Novice Horse	___	\$500 Limit Rider	___	\$2500L Transition	___		

Horse's Registration Papers included? Yes \_\_\_ No \_\_\_

## Member Liability Release and Waiver Form

**Name:** \_\_\_\_\_  
*(Please print)*

I, the undersigned, acknowledge that competition through the Central Alberta Cutting Horse Club involves an inherent risk of injury and hereby release the Central Alberta Cutting Horse Club and its officers, members, agents, employees, representatives, or any and all of them, from all claims, demands, action, or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favour of myself, my heirs, representatives, or dependants, including any loss of property, animate or inanimate, belonging to me or used by me. I hereby assume and accept the full risk of all danger and any hurt, injury, damage, or loss which may occur through and by reason of any matter, thing, or condition, negligence, or default, of any person during my involvement in this activity.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(After having read the 'Release and Waiver')*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(If member is under 18 years of age) (After having read the 'Release and Waiver')*

**ON BEHALF OF:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_