ALBERTA CUTTING HORSE ASSOCIATION

2027 Membership Form

email achacutacow@gmail.com

Individual	$78.75	_____
Family	$157.00	_____
Youth	$26.75	_____ (DOB) _____
Total Amount Enclosed		_____

Name(s) _____ **Date**_____

Address_____

City/Prov._____ **PostalCode**_____

Home Phone_____ **Business Phone**_____

Email_____ **Cell**_____

Alberta Personal Information Protection Act (PIPA)

The ACHA requires collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary or requested by our membership or the Board of Directors.

Waiver

I, the undersigned, acknowledge that competition through the Alberta Cutting Horse Association (ACHA) involves an inherent risk of injury and accordingly, thereby release the ACHA and its officers, members, agents, employees, representatives, or any and all of them, from all claims, demands and 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 dependents, 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 or by reason of any matter, thing or condition, negligence, or default of any person during my involvement in this activity.

Signed_____ **Date**_____
(after having read the release and waiver)

Parent/Guardian _____**on behalf of** _____
(if under 18 yrs) **(after having read the release and waiver)**

NCHA #_____ **2027 Verified**_____

Horse's Reg. Papers- Yes_____ **No**_____

******It is highly recommended that horseback riders of any age wear a high impact helmet and footwear appropriate for riding. ******