

**CAVE CREEK CUTTING HORSE ASSOCIATION**  
**C/O LINDSEY MILLS, PO Box 2730**  
**CHINO VALLEY, AZ 86323**  
www.cavecreekcutting.com

I hereby apply for membership in the Cave Creek Cutting Horse Association  
and enclose **\$ 45.00** as my annual membership dues.

★★★★★ **Membership year is January 1 through December 31.** ★★★★★

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ list spouse and other family members younger than 18 that compete

**NCHA Number** \_\_\_\_\_

**CCCHA Membership Fee: \$ 45.00**

Newsletters are available on the website. Check here if you prefer a mailed copy.

The Cave Creek Cutting Horse Association is a **volunteer supported organization**. We need your help!!  
Please check the areas that you are willing to help:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicity                | <input type="checkbox"/> Newsletter        |
| <input type="checkbox"/> Show Management & Set-up | <input type="checkbox"/> Entry Secretary   |
| <input type="checkbox"/> Announce Shows           | <input type="checkbox"/> Practice Pen      |
| <input type="checkbox"/> Turn Back/Hold Herd      | <input type="checkbox"/> Year End Banquet  |
| <input type="checkbox"/> Sponsor Committee        | <input type="checkbox"/> Year End Awards   |
| <input type="checkbox"/> Board Member             | <input type="checkbox"/> Cattle Management |
| <input type="checkbox"/> other _____              | <input type="checkbox"/> Charity Liaison   |

**THE CAVE CREEK CUTTING HORSE ASSOCIATION**

**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, warrants to the Cave Creek Cutting Horse Association, an Arizona non-profit 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 by injury, loss and damage I may sustain and I take full responsibility for any injury that I may incur by reason of riding, participating in Cutting Horse competitions or events and any other activity during any event with the Cave Creek Cutting Horse Association. 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.

**OVER....MORE, AND SIGNATURE REQUIRED!!!!**

**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 events or activities of the Cave Creek Cutting Horse Association, I hereby agree to release the Cave Creek Cutting Horse Association, 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 my horseback riding, participating in Cutting Horse events, competitions or activities or my attendance at any Cutting Horse competition, event or activity of the Cave Creek Cutting Horse Association. 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 Cave Creek Cutting Horse Association events, competitions and activities and this Agreement may not be modified or waived without prior written consent of a duly authorized agent of the Cave Creek Cutting Horse Association.

**III. INDEMNIFICATION**

I agree to indemnify and hold the Cave Creek Cutting Horse Association, 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 any Cutting Horse competition, event or activity organized, arranged or sponsored by the Cave Creek Cutting Horse Association 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 ENFORCE ABILITY OF THE REMAINING PROVISIONS SHALL NOT THEREBY BE AFFECTED OR IMPAIRED IN ANY WAY.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**X** \_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**WITNESS**

OFFICE USE check # _____ cash _____ entered in computer _____
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