



Wyoming Cutting Horse Association



MEMBERSHIP APPLICATION

Please COMPLETE Both Front & Back Pages

Name (as shown on your income tax return)	
Business Name (if different from above)	
Check Appropriate Box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	
Mailing Address: City, State and Zip Code:	Birthdate (for youth): <input type="checkbox"/> Sr. (14-18) <input type="checkbox"/> Jr. (13 & under)
Email:	Phone:
Social Security Number or Business Tax ID:	

Checks CANNOT be issued unless your valid Tax ID number is on file.

Voting Preferences:

- Vote by paper ballot Vote by email

Please Check Membership Type: \$35 Individual

\$50 Family (Immediate family members to include Husband, Wife, and Children 24 years or younger; NO adult children) **ONE VOTE PER FAMILY**

\$5 Youth (18 and under) NO VOTING RIGHTS

If family membership, please list additional family members:

Name:	Soc. Sec. #:
1)	
2)	
3)	
4)	
5)	
6)	

(OVER)

Release from Liability and Waiver of Responsibility

As a condition to participate in this event, the NCHA, its affiliates, and their respective show producers, 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 accrue, on account of any damage, cost or expense (i) 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 NCHA, ITS AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the NCHA or WYCHA Constitution, Bylaws, Rules or Regulations and the risk of any such damage, costs 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 helpers associated with the participation of the horse(s) described herein in this event and the undersigned indemnifies the NCHA and WYCHA from all claims, demands, or causes of action based on any of the foregoing.

****If Contestant is under 21 years of age, both contestant and parent or legal guardian must sign this form.****

Signature _____ Date _____

Signature _____ Date _____

*Please make checks payable to: **WYCHA c/o Lynn Moore, 15000 W. Tye Moore Rd. Casper, WY 82604***