



## 2017 Membership Form

c/o Shauna Reinhardt  
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403-935-2353 email [achacutacow@gmail.com](mailto:achacutacow@gmail.com)

Individual	\$78.75	_____
Family	\$157.00	_____
Youth	\$26.75	_____ (DOB) _____
Western Horse Review Subscription	\$13.65	_____ (Forwarded) _____
<small>(2015 subscription ends March 2016)</small>		
<b>Total Amount Enclosed</b>		_____

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\*\*Email \_\_\_\_\_ + Fax \_\_\_\_\_ 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. The ACHA is making every attempt to be in compliance with PIPA.

I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the ACHA will only use or disclose such information as is reasonably expected, necessary or requested. Please indicate expectations below:

Signed \_\_\_\_\_ Date \_\_\_\_\_

NCHA # \_\_\_\_\_ 2016 Verified \_\_\_\_\_

CCHA # \_\_\_\_\_ (to be eligible for CCHA YE awards)

Horse's Reg. Papers- Yes \_\_\_\_\_ No \_\_\_\_\_



## Member Liability Release and Waiver Form

**NAME:** \_\_\_\_\_

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.

**Member's Signature:** \_\_\_\_\_

(After having read the "Release and Waiver")

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

**Parent/Guardian Signature:** \_\_\_\_\_

(If participant is under 18 years of age)

(After having read the "Release and Waiver")

ON BEHALF OF: \_\_\_\_\_ AGE \_\_\_\_\_

Date: \_\_\_\_\_

Please include birthdates for Youth: \_\_\_\_\_

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