



2019 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: _____

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