



2020 Membership Form

c/o Shauna Reinhardt

Box 506, Irricana, Alberta T0M 1B0

403-935-2353/fx-403-935-4119 email achacutacow@gmail.com

Individual	\$78.75	_____
Family	\$157.00	_____
Youth	\$26.75	_____ (DOB) _____
(2019 subscription ends March 2020)		
Total Amount Enclosed		_____

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 # _____ **2020 Verified** _____

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



2020 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.*****