

Southern Oregon Cutting Horse Association, Inc.

Membership Application

Type of Membership:

___ Family – 50.00/yr. ___ Single – 40.00/yr. ___ Youth – 20.00/yr. (18 & Under) ___ Turnback – 20.00/yr.

Member #1: _____ NCHA# _____ SS# _____

Member #2: _____ NCHA# _____ SS# _____

Ranch Name: _____

(If you would prefer your membership to be under ranch/business name)

Phone #: _____ E-mail: _____

(If you would prefer your number not to appear on the membership list, please check here _____)

Address: _____

City, State, Zip: _____

Other Family Members:

Name: _____ NCHA# _____ SS# _____

Name: _____ NCHA# _____ SS# _____

Name: _____ NCHA# _____ SS# _____

The Southern Oregon Cutting Horse Assoc., Inc. was organized to promote the Cutting Horse and to provide a place where members can enjoy their horses. Practices as well as several other club activities, such as shows and clinics, are sponsored by Southern Oregon Cutting Horse Assoc., Inc. throughout the year.

Southern Oregon Cutting Horse Assoc., Inc. carries a club liability policy, to protect the club. The liability policy does not protect club members from each other and does not pay claims for injury or property damage while attending a club sponsored event.

Member #1 Signature: _____ **Date:** _____

(By signing this form you agree that you have read and agree to the Liability Release located on the back)
(Guardian must sign for minors under 18 years)

Member #2 Signature: _____ **Date:** _____

*If you were not a member last year, this will be the only correspondence you receive unless you return this application.

*The entire form must be completed to obtain membership status. Membership expires December 31st of each year.

Return applications to: SOCHA, Inc., 1548 Tenmile Valley Road, Tenmile, OR 97481 – (541) 580-7804
or bring the completed application to a practice or show.

Club Office Use Only:

Received by: _____ Date: _____ Check #: _____

Membership Amount: \$ _____ Membership Type: _____

Southern Oregon Cutting Horse Association, Inc.

Liability Release

This agreement shall be legally binding upon me, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns including all minor children and personal representatives; and it shall be interpreted according to the laws of the state and county in which the activity or event takes place. Any disputes shall be litigated in and venue shall be the county in which the activity or event took place from which the dispute arose. If any clause, phrase or word conflicts with the state law, then that single part is null and void. The term "Horse" herein shall refer to all equine species. The term "Horseback Riding" or "Rider" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "Association" herein refers to Southern Oregon Cutting Horse Association, Inc. The terms "Event" and "Activity" herein shall refer to any and all activities sponsored, but are not limited to, practice sessions, jackpots, clinics, play-days, training sessions or shows. The term "Participant" shall herein refer to any person in attendance, in any capacity, at an Association event, even as a spectator. This agreement shall apply, regardless of whether or not the person named herein is a member of the Association.

I UNDERSTAND THAT: Horseback riding can be a dangerous activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Such risks include severe injury or even death.

I UNDERSTAND THAT: No horse is a completely safe horse. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts. In addition, the sport of cutting, by its very nature, involves additional risks, beyond those normally associated with other riding activities. These include, but are not limited to, the speed of the horse, the rapid changes in direction, the variability of the footing and the unpredictable nature of the cattle used in the activity.

I UNDERSTAND THAT: It is the rider or participant's responsibility to inspect the facilities, footing, equipment, cattle and other physical features associated with the activity or event, for safety and suitability, prior to any participation in said activity or event; and, that his/her participation in said activity or event indicates that he/she is satisfied with the physical conditions thereof.

I AGREE THAT: Should any medical treatment be required, I and/or my own accident/medical insurance company **SHALL PAY** for **ALL** such incurred expenses. Should my actions or that of my horse (including a horse I don't own, but which I am riding, handling or in some other way am responsible) cause injury or damage of any kind I and/or my own personal liability insurance company shall pay for such damages.

LIABILITY RELEASE: In consideration of Southern Oregon Cutting Horse Association, Inc. allowing my participation in its events and activities, under the terms set forth herein, I, the rider, and the parent or guardian thereof if a minor, do agree to hold harmless and release, the Association, its officers, members, agents, insurers, affiliated organizations, premises and facility owners from legal liability due to the Association's ordinary demands, actions and causes of action, and/or litigation, against the Association and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death or property damage, sustained by my and/or minor child or legal ward in relation to the activities and events conducted by or sponsored by the Southern Oregon Cutting Horse Association, Inc.