



2024 Membership Application

2024 Club Year January 1 through December 31

All Owners, Contestants and Participants MUST be Members

NAME: _____ SPOUSE: _____

CHILDREN & Ages _____

MAILING ADDRESS: _____ CITY/ST _____ ZIP _____

PHONE () _____ EMAIL: _____

EMERGENCY CONTACT: Name: _____ (Primary) Phone: _____

Name: _____ (Secondary) Phone: _____

All participating family members must be listed -- only one adult member needs to sign the application. HOWEVER, all adult family members must sign the Release and Hold Harmless Agreement and a parent/guardian adult must sign the Release for each child listed separately under age 18. All other members must individually sign the Release and Hold Harmless Agreement and submit it with their Application. The Release and Hold Harmless Agreement is printed on the back of this Application.

Annual fees are due by March 1, 2024. Members are deemed current when dues are paid. Insurance provisions require that any participant must be a current member. Dues received after March 1, 2024 will not be prorated.

Monthly newsletters, bulletins, announcements and other VCHA news will be delivered via email unless otherwise requested below. Including your phone number and email address will insure that you receive timely updates. Club information is also posted on the VCHA website: www.vchacutting.com

MEMBERSHIP DUES

Please check and include amount for applicable membership

- Annual Individual \$45.00 \$ _____
- Annual Youth (under 18 years old) \$25.00 \$ _____
- Annual Family (includes spouse & children under 18 years old) \$60.00 \$ _____
- Loper* \$10.00 \$ _____
- Voluntary Donations for Awards \$ _____

TOTAL ENCLOSED \$ _____

*A Loper is a rider who exercises or warms up a horse for a contestant. Such Lopers are deemed a participant for insurance purposes and must submit a signed Release and Hold Harmless Agreement with their Application and comply with all VCHA rules and regulations including wearing proper NCHA approved attire.

All membership applications must be completed, signed and submitted together with signed Release and Hold Harmless Agreement and a check made payable to VCHA, and mailed to: VCHA Membership c/o PO BOX 751003, Petaluma, CA 94975

COMMITTEE VOLUNTEER

I am willing to volunteer on the following committee(s):

- Banquet Newsletter Cattle Show Announcing BBQ Chef
- Silent Auction Playdays/Special Events Judges Awards

Member Signature

Date

Name Printed: _____

Vintage Cutting Horse Association

2024 RELEASE AND HOLD HARMLESS AGREEMENT

Voluntary Participation in Equine Events

THIS RELEASE MUST BE ATTACHED TO THE VCHA MEMBERSHIP APPLICATION

I, the undersigned, _____, hereby acknowledge that I voluntarily shall from time to time in connection with my membership in and with the permission of the Vintage Cutting Horse Association (“VCHA”) participate in certain horse related events and activities sponsored by VCHA, including, but not limited to riding, handling, showing in competitions and grooming horses (collectively, a “Horse Related Activity”).

I AM AWARE THAT SUCH HORSE RELATED ACTIVITY IS A HAZARDOUS ACTIVITY WHICH INVOLVES INHERENT RISKS. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE (I) TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME AND/OR TO HORSES OWNED OR USED BY ME, AND FURTHER (II) HEREBY RELEASE, INDEMNIFY AND HOLD HARMELSS VCHA, IT’S OFFICERS, DIRECTORS, MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND SPONSORS FROM ANY AND ALL CLAIMS BROUGHT BY ME, MY HEIRS, DISTRIBUTORS AND GUARDIANS, LEGAL REPRESENTATIVES AND ASSIGNEES, FOR INJURY, DAMAGE OR DEATH INCURRED BY ME AND/OR TO HORSES OWNED OR USED BY ME, RESULTING FROM THE NEGLIGENCE OR OTHER ACTS OF VCHA, ITS OFFICERS, DIRECTORS, MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR SPONSORS, HOWSOEVER CAUSED, ARISING OUT OF MY PARTICIPATION IN OR AT A VCHA SPONSORED HORSE RELATED ACTIVITY, INCLUDING BUT NOT LIMITED TO ANY ACT BY AN ANIMAL IN MY POSSESSION, CUSTODY OR CONTROL.

Members Initials: _____

I HEREBY STATE THAT I AM OVER THE AGE OF 18 YEARS OLD, THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY WHICH ESTABLISHES A CONTRACT BETWEEN ME AND VCHA AND SIGN IT OF MY OWN FREE WILL.

Executed this _____ day of _____, 2024, at _____, California.

Print Name _____ Signature: _____

Print Name _____ Signature: _____

Print Name _____ Signature: _____

Print Name _____ Signature: _____

Vintage Cutting Horse Association

2024 RELEASE AND HOLD HARMLESS AGREEMENT

Voluntary Participation in Equine Events of Minor Child/Children

THIS RELEASE MUST BE ATTACHED TO THE VCHA MEMBERSHIP APPLICATION

I, the undersigned, _____, hereby acknowledge that I am the legal parent or guardian of the minor child/children listed below, and that such minor child/children listed below shall voluntarily from time to time in connection with my membership in and with the permission of the Vintage Cutting Horse Association (“VCHA”) participate in certain horse related events and activities sponsored by VCHA, including, but not limited to riding, handling, showing in competitions and grooming horses (collectively, a “Horse Related Activity”).

I AM AWARE THAT SUCH HORSE RELATED ACTIVITY IS A HAZARDOUS ACTIVITY WHICH INVOLVES INHERENT RISKS. I AM VOLUNTARILY ALLOWING AND CONSENTING TO THE CHILD/CHILDREN LISTED BELOW TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE (I) TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY OR DEATH TO THE MINOR CHILD/CHILDREN LISTED BELOW, AND/OR TO HORSES OWNED OR USED BY SUCH MINOR CHILD/CHILDREN LISTED BELOW, AND FURTHER (II) HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS VCHA, IT’S OFFICERS, DIRECTORS, MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND SPONSORS FROM ANY AND ALL CLAIMS BROUGHT BY ME, MY HEIRS, DISTRIBUTORS AND GUARDIANS, LEGAL REPRESENTATIVES AND ASSIGNEES ON BEHALF OF SUCH MINOR CHILD/CHILDREN, FOR INJURY, DAMAGE OR DEATH INCURRED BY SUCH MINOR CHILD/CHILDREN AND/OR TO HORSES OWNED OR USED BY SUCH MINOR CHILD/CHILDREN, RESULTING FROM THE NEGLIGENCE OR OTHER ACTS OF VCHA, ITS OFFICERS, DIRECTORS, MEMBERS, AGENTS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND/OR SPONSORS, HOWSOEVER CAUSED, ARISING OUT OF MY PARTICIPATION IN OR AT A VCHA SPONSORED HORSE RELATED ACTIVITY, INCLUDING BUT NOT LIMITED TO ANY ACT BY AN ANIMAL IN MY POSSESSION, CUSTODY OR CONTROL.

Members Initials: _____

I HEREBY STATE THAT I AM OVER THE AGE OF 18 YEARS OLD, THAT AM THE LEGAL PARENT OR GUARDIAN OF THE MINOR CHILD/CHILDREN LISTED BELOW, THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY WHICH ESTABLISHES A CONTRACT BETWEEN ME AND VCHA AND SIGN IT OF MY OWN FREE WILL.

Executed this _____ day of _____, 2024, at _____, California.

Child’s Name _____ Parent/Guardian Signature: _____

Child’s Name _____ Parent/Guardian Signature: _____

Child’s Name _____ Parent/Guardian Signature: _____

(As Parent/Guardian for minor, state name of minor and sign your name as “As Parent/Guardian for (‘minor’s name’)”