



Boise Valley Cutting Horse Association

MEMBERSHIP AND HOLD HARMLESS AGREEMENT

An individual or family, ranch and/or business will be accepted for membership after paying an initial membership fee and then yearly dues, agreeing to abide by the Boise Valley Cutting Horse Association By-Laws and Rules and signing this HOLD HARMLESS AGREEMENT.

Whereas, the purpose of the Boise Valley Cutting Horse Association is to promote and enjoy the sport of cutting horse competition which includes strenuous physical activity by horse and rider, the unpredictability of cattle and arena suffices the close proximity of other horses and various other unknown and unexpected conditions, circumstances and happenings common to activities of this kind.

IN ACCEPTING MY ENTRY, I HEREBY RELEASE THE BOISE VALLEY CUTTING HORSE ASSOCIATION, IT'S OFFICERS, AND MEMBERS FROM ANY CLAIM OR RIGHT FOR DAMAGES, WHICH MAY OCCUR TO ME OR MY HORSE OR HORSES. I ALSO ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ANY DAMAGES DONE BY ME OR MY HORSES AT THESE CUTTING EVENTS. ALL RIDERS WILL RIDE UNDER THE "IDAHO EQUINE ACT".

"I have received a copy of the Boise Valley Cutting Horse Association By-Laws and Rules or will shortly receive thereafter and by signing this membership application agree to abide by the By-Laws and Rules and agree to the conditions stated above".

I hereby apply for membership:

Dues: Family \$50.00 (2 votes) _____ DONATION: \$10.00 _____ Other: _____
Single \$30.00 (1 vote) _____ Amount Enclosed: _____

Signature: _____ **Date:** _____
(If under 18 years of age, signature of parent or legal guardian is required)

Name (print) _____

Address _____ **Phone #** (____) _____

City, State, Zip _____ **NCHA #** _____

Occupation _____ **SSN:** _____

Email address _____

Would you like to receive BVCHA information via email _____ yes _____ no

Alternate Phone # (____) _____ (i.e., cell or work #)

Do you hold a Non-Pro card? _____

For family membership, please complete below:

Spouse _____ Occupation _____

Children _____ Age _____

_____ Age _____

_____ Age _____

Please return to: **BVCHA**
P.O. Box 1003
Caldwell, Idaho 83606