



# 2009 MEMBERSHIP FORM

## IDAHO CUTTING HORSE ASSOCIATION Idaho Champion Series ICHA Futurity & Aged Event

PLEASE COMPLETE AND RETURN THE ENTIRE  
MEMBERSHIP APPLICATION BELOW

- ICHA Weekend Shows (Owner & Rider must have a current ICHA membership to show & to qualify for Idaho Champion Series year-end awards)
- ICHA Futurity & Aged Event (Owner & Rider must have a current ICHA Membership)

PLEASE CHECK MEMBERSHIP TYPE:

**INDIVIDUAL \$45.00 ( )**      **FAMILY \$75.00 ( )**      **YOUTH \$15.00 ( )**  
 (Family members must live at the same address)      (18 years or younger)

Voluntary Youth Scholarship Check Off: **AMOUNT OF DONATION \$** \_\_\_\_\_ (Utah/Idaho Youth Scholarship Fund)

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**NCHA#** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

*Checks  
cannot be issued  
unless your valid  
Tax ID number is on file*

*Additional Family Members:*

*(W-9's available at shows & online)*

NAME	NCHA#	SOC.SEC#
1.		
2.		
3.		
4.		
5.		
6.		

**TO PAY BY CREDIT CARD FILL OUT BELOW** (must include billing address if different from above)

Mastercard or Visa (circle one) Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED \$ \_\_\_\_\_ **3% will be added for all credit card charges**

BILLING ADDRESS \_\_\_\_\_

**PLEASE SEND PAYMENT AND FORM TO: IDAHO CUTTING HORSE ASSOCIATION, INC.**  
 c/o Darcy Skaar 850 N 3300 E. Menan, ID 83434 E-mail: [darcy@idahocha.com](mailto:darcy@idahocha.com) Phone: 208-709-3544

### Release from Liability and Waiver of Responsibility

If contestant is under 21 years of age, both contestant and parent or legal guardian must sign this form

As a condition to participate in this event, the ICHA, its directors, officers, employees, members, agents and representatives ARE HEREBY RELEASED from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, or account of any damage, cost or expense (i) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF ICHA, ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES; or (ii) as a result of the interpretation or enforcement of the ICHA Constitution, Bylaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms, other helpers associated with the participation of the horse described herein in this event, and the undersigned indemnifies the ICHA from all claims, demands, or causes of action based on any of the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_