



# Central Oregon Cutting Horse Association

2017

## 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 Central Oregon Cutting Horse Association By-Laws and Rules and signing this HOLD HARMLESS AGREEMENT.

Whereas, the purpose of the Central Oregon 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.

Each participant shall agree to ASSUME ANY RISKS for personal or property liabilities for any acts or accidents to himself or his family while attending any function sponsored by the Central Oregon Cutting Horse Association.

"I have received a copy of the Central Oregon 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 \$45.00 (2 votes) \_\_\_\_\_  
Single \$35.00 (1 vote) \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Signature: \_\_\_\_\_ (REQUIRED) Date: \_\_\_\_\_  
(If under 18 years of age, signature of parent or legal guardian is required also)

Name (print) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ NCHA # \_\_\_\_\_

Occupation \_\_\_\_\_ AQHA # \_\_\_\_\_

Email address \_\_\_\_\_

Would you like your email address included in the COCHA Membership Directory? \_\_\_yes \_\_\_no

Would you like to receive COCHA information via email \_\_\_\_\_ yes \_\_\_\_\_ no

Do you hold a Non-Pro card? \_\_\_\_\_

For family membership, please complete below:

Spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

**Please return to: COCHA  
C/O Donell Barber  
15408 6<sup>th</sup> St  
La Pine, OR 97739**