

COTTON COUNTRY OPEN HORSE SHOW ASSOCIATION
20__ MEMBERSHIP APPLICATION

cchohsa@outlook.com

www.cchohsa.com

CIRCLE MEMBERSHIP TYPE



ANNUAL FAMILY **\$75.00** ANNUAL INDIVIDUAL (YOUTH OR ADULT) **\$40.00** Show Pass (ONE SHOW ONLY) **\$15**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE: HOME _____

CELL _____

EMAIL ADDRESS _____

ADDITIONAL EMAIL ADDRESS _____

FAMILY MEMBERS: (WITH FAMILY MEMBERSHIP ONLY) _____

YOUTH MEMBER BIRTHDATE(S) _____

THE PURPOSE OF COTTON COUNTRY OPEN HORSE SHOW ASSOCIATION IS TO PROVIDE FUN AND LEARNING COMPETITIVE SHOWS FOR INEXPERIENCED AND EXPERIENCED, NON-PRO AND PRO ALIKE TO ENJOY SHOWING THEIR GRADE AND REGISTERED HORSES.

BENEFITS OF MEMBERSHIP: YEAR-END AWARDS (ELIGIBILITY REQUIREMENTS: PAID MEMBERSHIP, EARN 2 VOLUNTEER CREDITS, & SHOW AT A MINIMUM OF 3 SHOWS). A VOTE IN HOW THE ASSOCIATION AND SHOWS ARE RUN. DISCOUNTED CLINICS AND RIDE NIGHTS.

SHOW PASS LIMITATIONS: "MEMBER FOR A DAY" WITHOUT FAMILY OR INDIVIDUAL MEMBERSHIP BENEFITS.

Release, Assumption of Risk, Waiver and Indemnification

I agree that I choose to participate voluntarily in the Competition and other events associated with Cotton Country Open Horse Show Association with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, spinal cord injuries, trauma, pain suffering, or death (harm). I agree to release Cotton Country Open Horse Show Association and any recognizing entities, the officers, board members and volunteers of Cotton Country Open Horse Show Association, the Competition and facility from all claims for money damages or otherwise for any harm to me or my horse and for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of Cotton Country Open Horse Show Association or the Competition. I agree to indemnify (that is, to pay any losses, damages, or cost incurred by) Cotton Country Open Horse Show Association or the Competition, and to hold them harmless with respect to claims for harm to my horse, or me and for claims by others for any harm caused by me or my horse at the Competition. I have read that English riders are required to wear protective equipment (Approved Safety Helmet) and I acknowledge that Cotton County Open Horse Show Association strongly encourages me to do so while warning that no Safety Helmet can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all the obligations of this release on the child's behalf. I agree that Cotton Country Open Horse Show Association, the Competition and facility, as used above, includes all of their officials, officers, directors, employees, agents, personnel, and volunteers.

WARNING: Under Louisiana Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine-related activities resulting from the inherent risks of equine activities, pursuant to 9:2795:1.

By signing below, I agree to be bound by all the above and provisions of this entry blank.

Signature Rider/Handler/Participant (parent/guardian if under age 18) _____

Date _____