



**Membership Application 2023-2024 Season**

Individual \$30.00

Family \$40.00

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Account Details for Payment of Prize Money:**

Acct Name: \_\_\_\_\_

Acct Number: \_\_\_\_\_

By signing this form, I/we are acknowledging and request membership to the Central Plateau Cutting Horse Club.

**Waiver:**

I/we acknowledge that during all times while attending CPCHC activities, I do so at my own risk and that I/we and my/our dependants will take due care to avoid any potential hazards and not hold the CPCHC or any of its agents liable for any personal injury or breach of contract whether caused by the negligence of the CPCHC, or its agents.

By signing this form, I/we understand that I/we and my/our dependants waive our rights to sue the CPCHC for losses relating to my/our or my/our dependants' injury or death that may result from any negligence caused by the CPCHC or its agents.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please send this form to the Secretary: Karen Matchitt, 7 TePoi Road, RD3, Matamata, 3473 or email to [bonus3@xtra.co.nz](mailto:bonus3@xtra.co.nz)

Please make Payments online to CPCHC:

acct # 02-0464-0245233-00. (Please include your name and "Subs" as a Code and Reference).