



NZCHA INC.
NEW ZEALAND CUTTING HORSE ASSOCIATION INCORPORATED
DAY FEE/LOPERS-HELP TEAM MEMBERSHIP FEE

Mr, Mrs, Ms, Miss (circle) First Name _____ Surname _____

Postal Address _____

Phone No. _____

Email _____

Day Membership Fee

\$5 / day per person

Date covered by this form: _____

Loper/Team Help Show Membership Fee

\$5 / show per person

Dates covered by this form: _____

Please provide the names of all family and constituent members to be included on the membership, please continue on back of page if required).

Name _____ Date of Birth (youth only) _____

Name _____ Date of Birth (youth only) _____

- i. **DAY FEE MEMBERSHIP** - If your NZCHA financial membership has lapsed for three plus (3+) years or you have never been a financial member, you may ride on a day fee three (3) times before you are required to become a financial member of the NZCHA.
- ii. **Loper/Team Help Show Membership FEE** - Any non-member mounted on a horse to assist a competitor, or the running of a show/event with no intention of competing, is required to pay a Lopers/Help Team Show membership FEE, there is no limit to Loper & Help Team membership fee use.
- iii. Fees **must** be paid to the show secretary along with all other costs of entry prior to entering warm up areas or show Arena.

Liability Waiver: I acknowledge that during all times while attending NZCHA and affiliated activities that I do so at my own risk and that I and other people in my care and control will not hold the NZCHA or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the NZCHA, its employees or agents howsoever caused or otherwise. I acknowledge that in the event that I or any of the other people in my care and control find either or any of them in difficulty that I am to stop the activity, or request that the activity be stopped if appropriate and seek help and/or assistance and advice. By signing this form, I understand that I and my dependants waive our rights to sue the NZCHA for losses relating to my and or my dependants' personal injury or death that result from any negligence caused by the NZCHA.

Authorisation: As a day member of the NZCHA I consent to the use of my name, photo/s plus information given by me to the association can be used for publication in NZCHA advertising, articles, chatter, website, social media platforms & printed material. I also consent to my name and contact details being given to sponsors and/or other members of the association upon request. This consent is given in accordance with the Privacy Act 2020, unless withdrawn in writing.

I hereby apply for day membership of the New Zealand Cutting Horse Association Incorporated trading as NZCHA and acknowledge that I **have read and accept the Liability Waiver & authorisation** located on this form. In the event of my/our admission as a member and upon payment of applicable fees, I/we hereby agree to abide by the Constitution and the Rules and Regulations of the New Zealand Cutting Horse Association Incorporated.

Signature of Applicant/s or youth guardian _____ Date _____

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