



# 2024 Non-Competitor Member Rider Waiver

**CACHC Office**  
c/o Maria Heintz  
PO Box 5906, High River, Alberta  
T1V 1P6  
403-800-2269

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City / Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Riding for:** \_\_\_\_\_

*This waiver grants membership to non-competitor riders. This waiver only grants permission to engage in the non-competitive tasks of exercising, loping, cooling down, or walking a horse. The participant acknowledges that they are not entitled to compete or to own a horse that competes as per the rights conferred by this waiver. Such privileges are reserved for those with regular memberships.*

### MEMBER LIABILITY RELEASE AND WAIVER FORM

I, the undersigned, acknowledge that Equine activities through the Central Alberta Cutting Horse Club involve an inherent risk of injury and hereby release the Central Alberta Cutting Horse Club and its officers, members, agents, employees, representatives, or any and all of them, from all claims, demands, action, or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of myself, my heirs, representatives, or dependants, including any loss of property, animate or inanimate, belonging to me or used by me. I hereby assume and accept the full risk of all danger and any hurt, injury, damage, or loss which may occur through and by reason of any matter, thing, condition, negligence, or default, of any person during my involvement in this activity.

The CACHC requires the collection of personal information (as appears on the membership application) for the purpose of providing all privileges and services to their membership. This information will only be used or disclosed as is reasonably expected, necessary, or requested by our membership or the Board of Directors. The CACHC is making every attempt to be in compliance with PIPA. I hereby consent to the collection use or disclosure of all personal information contained on the membership form and the CACHC will only use or disclose such information as is reasonably expected, necessary, or requested.

Are you under the age of 18 \_\_\_\_\_ If yes, Date of Birth \_\_\_\_\_ Age on Jan 1/24 \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(After having read the 'Release and Waiver')*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(If the member is under 18 years of age) (After having read the 'Release and Waiver')*

**ON BEHALF OF:** \_\_\_\_\_