

Coast to Coast Cutting Horse & Sport Club

Membership 2020/21

Family \$30.00 Single \$20.00

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-Mail ADDRESS: _____

Liability Waiver

I acknowledge that during all times while attending C2CCH&SC activities that I do so at my own risk and that I and other people in my care and control will not hold the C2CCH&SC or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the C2CCH&SC, its employees or agents however caused or otherwise. I acknowledge that in the event that I or any of the 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 C2CCH&SC for loses relating to my and or my dependents personal injury or death that result from and negligence caused by C2CCH&SC

Privacy Act

The C2CCH&SC policy is to accept that members have consented to the collection of details for the purposes of a membership and registration record, and for it to retain, use and disclose these to C2CCH&SC areas and any other person or organization as required.

This consent is given in accordance with the Privacy Act 1993, unless withdrawn in writing.

I/We enclose a cheque/cash of \$ _____ to cover membership fees and if accepted as a member/s agree to abide by the constitution, rules and regulations of the Coast 2 Coast Cutting Horse and Sports Club

Signed _____ Date _____

Please send to C2CCH&SC Secretary,
Michelle Hutchins, email: mkhutchins1626@gmail.com
352 Woodlands Road, RD2, Waihi, 3682
Bank account : 03 1575 0074638 00. Please also send membership form to me.