



**NEW ZEALAND CUTTING HORSE ASSOCIATION INCORPORATED
APPLICATION FOR MEMBERSHIP**

NZCHA memberships are valid from 01 July 2022 to 30th of June 2023 once payment is received

FOR NEW APPLICATIONS AND CONSENT RENEWALS

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

Postal Address _____

Phone No. _____ Email _____

Membership type – Please indicate membership renewal type required by ticking the applicable box:

- | | | | | | |
|---|--------------------------|-------|--|--------------------------|-------|
| Full Competing Member
<small>(Points recorded, 1 vote)</small> | <input type="checkbox"/> | \$125 | First Time Member
<small>(points recorded, 1 vote, may not stand for council)</small> | <input type="checkbox"/> | \$80 |
| Non-Competing Member
<small>(1 vote, if qualified on judges list, may judge)</small> | <input type="checkbox"/> | \$40 | Affiliate Membership
<small>(Club or Organisation, 1 vote, NZCHA Insurance cover for approved events)</small> | <input type="checkbox"/> | \$85 |
| Family Membership
<small>(full rights for two competing members – including their children under 18, Youth may not vote)</small> | <input type="checkbox"/> | \$250 | Constituent Member
<small>(Company; Incorporation; Partnership, 1 vote)</small> | <input type="checkbox"/> | \$125 |
| Youth Membership
<small>(Points recorded, no vote, may only compete in youth division)</small> | <input type="checkbox"/> | \$35 | Honorary Life Member
<small>(Inducted by nomination – Full competing members rights for life)</small> | <input type="checkbox"/> | \$0 |

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) _____

Name _____ Date of Birth (youth only) _____

Name _____ Date of Birth (youth only) _____

Please include your Bank account details for any National Finals & Futurity show pay-outs or NZCHA Re-imburements:

Name of bank account: _____

Account Number: _____

Liability Waiver:

The purpose of this agreement is to limit the liability of the provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgement of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death.

Name of the provider: The New Zealand Cutting Horse Association (Incorp) (NZCHA)

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person’s participation in a recreational activity. The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participant also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the participant and that at all times the participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services:

Cutting Competitions & Activities of the NZCHA.

Steps taken by the Provider to avoid the danger of personal injury or death.

1. Providing assistance to affiliates to support those affiliates in the safe conduct of their activities.
2. Implementation of a risk management approach to events conducted by the Association.
3. Publication of resources to support the risk management approach of the Association and its affiliates
4. Implementation of the rules and regulations as agreed by the committee of the Association

PLEASE SEND THIS FORM TO:

New Zealand Cutting Horse Association Incorporated
NZCHA Secretary & Treasurer
c/- 7 Te Poi Road, RD3 Matamata 3473
ph. +6427 443 4481 ♦ email. bonus3@xtra.co.nz

INITIAL HERE _____

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The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them in difficulty that they are to stop the activity or request that the activity be stopped if appropriate and seek help and/or assistance and advice.

Authorisation: As a member of the NZCHA I consent to the use of my name, photo/s & information given by me to the association 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 These consents are given in accordance with the Privacy Act 2020, **unless withdrawn in writing.**

Photography authorisation: you are consenting to *any photo that the NZCHA is using in its Media which includes but is not limited to the chatter and website. Consent can only be removed in writing.

*(Any photo includes all photos from any photographer, a fellow member, an affiliate club or even a Spectator)

I/we hereby apply to become a member of the New Zealand Cutting Horse Association Incorporated (NZCHA) and acknowledge that **I/We have read and accept the Liability Waiver** 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.

Declaration and Signature/acknowledgement

By Signing this agreement I understand that the Recreational Services about to be vended to me as set out in this form may cause my and my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider. I also agree and understand that I am bound by the Rules, Regulations, By-Laws and Constitution of the New Zealand Cutting Horse Association (Incorp).

Print Name: _____

Signature of Applicant/s _____ Date _____

Payments can be made online to:

NZCHA # 03 – 0430 – 0170253 – 00

Please use the following: Particulars (Your Name) Reference (NZCHA MBRSHIP)
We no longer accept cheques.

Please Note that it is now mandatory to return this form, filled out and signed, to fulfil the NZCHAs requirements under the Incorporated Societies ACT 2022.

AFFILIATED CLUBS:

Please nominate the one person who shall have the club's authority to speak for and vote for your club at NZCHA meetings:

Nominated Person: _____

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