

TSCHA | 2025 Membership Application

ALL Members/Family must complete & sign this form. DOB must be provided for any Youth under 18 y.o. at the time of membership. *Waiver must be signed before riders enter the arena.*

Member Name _____
Youth Name(s)* _____ DOB(s) _____
Mailing Address _____ City _____ State _____ Zip _____
Phone () _____ - _____ Email _____
Family (\$50) _____ Single (\$40) _____ Youth (\$15) _____

Listing in the Membership Directory: Yes / No

Sponsorship Opportunities

Any donation made through your business is eligible for tax deduction.

PLATINUM \$1,000 GOLD \$700 SILVER \$500 BRONZE \$300 OTHER \$ _____

TSCHA Tax ID: 46-4847316 (receipt will be mailed to you from our Treasurer)

Release of Waiver

Acknowledgement of Risk: The undersigned acknowledges that the participation in horning events, as a director, officer, representative, member, volunteer and/or sponsor, exposes the participant to substantial and serious risk, property damage, personal injury and/or death. The undersigned expressly acknowledges that his/her participation in TSCHA events will involve such a hazard.

Release of Sponsor: Release from Liability and Waiver of Responsibility. If contestant is under 18 years old*, both contestant and parent or legal guardian must sign this form as a condition to participate in this event. The TSCHA, its director, officer, representative, member, volunteer and/or sponsors ARE HEREBY RELEASED from all claims, demands, or causes of action of any kind or nature whatsoever; whether now existing or to hereafter accrue, or account of any damage, cost or expense. (I) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER INCLUDING, BUT NOT LIMITED TO, THE SOLE OR CONCURRENT NEGLIGENCE OF TSCHA, ITS DIRECTORS, OFFICERS, REPRESENTATIVES, MEMBERS OR SPONSORS; or (II) as a result of the interpretation or enforcement of the TSCHA Constitution, Bylaws, Rules or Regulations and the risk of any such damage, cost or expense which may occur by reason of foregoing is hereby assumed and accepted. This waiver is binding on the undersigned as well as all riders, grooms, other helpers associated with the participation of the horse described herein in this event, and the undersigned indemnifies the TSCHA from all claims, demands, or causes of action based on any of the foregoing; or (III) the unrestricted right and permission to copyright and use, re-use, publish, and re-publish photographic portraits or videos of myself and/or horse(s) I am entered to compete on.

Anti-lawsuit Agreement: The undersigned conveys that the undersigned shall not now, or at any time in the future, directly or indirectly, commence or prosecute any action, suit of other proceedings executed and delivered in the Release as of the date signed below against the Treasure State Cutting Horse Association or its director, officer, representative, member, volunteer and/or sponsor arising out of or related to the actions, caused of action, claims and demand hereby waived, released or discharged by the undersigned.

Assurances: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform the release of all indemnities.

Binding Effect: This release shall be binding upon the undersigned and the undersigned's spouse, parent or legal guardian, heirs, successors, and assigns.

Signature (**Parent or Legal Guardian signing for youth***) _____

_____ Date

Signature (**All members**) _____

_____ Date

CHECKS payable to: TSCHA or Treasure State Cutting Horse Association
CREDIT CARD (add a 3% processing fee) Call Katie with payment, mail form
VENMO @TreasureStateCHA (add a 1.9% processing fee) Remit payment including fee, mail form
Mail form & check to: Katie Clouse, 201 Demersville Rd., Kalispell, MT 59901 | 406.253.4181