

2026 RELEASE AND MEMBERSHIP FORM

Northern Arizona Cutting Horse Association (NACHA, INC)

Membership
Effective Date

Office Use Only

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SS/TIN: _____

NCHA #: Optional _____ EMAIL ADDRESS: _____

_____ \$40 Annual **INDIVIDUAL** Membership Dues

_____ \$50 Annual **FAMILY or RANCH** Membership Dues

_____ \$10 Annual **ASSOCIATE** Membership Dues (Arena Show Help Only)

_____ ~~\$15.00~~ Annual **YOUTH** Membership – **FREE**

I prefer any correspondence be sent via _____ e-mail or _____ U.S. Mail

NOTICE

**RIDERS AND HORSE
OWNERS MUST BE PAID
MEMBERS TO SHOW AT
NACHA SHOWS AND TO
RECEIVE SHOW POINTS**

ACKNOWLEDGEMENT OF RISK: The undersigned acknowledges that the participation in horse events either as a contestant, an employee, a spectator or a volunteer exposes the participant to a substantial and serious risk of property damage, personal injury or death. The undersigned expressly acknowledges that his/her participation, (or that of covered family members) in the event or attending the event, will involve such a risk.

RELEASE OF SPONSORS: The undersigned hereby releases all sponsors from liability and any, and all, property damages, personal injuries or other claims arising from the undersigned's participation in the event, including those known, unknown, unforeseen and future contingent.

COVENANT NOT TO SUE: The undersigned covenants that the undersigned shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the Northern Arizona Cutting Horse Association (NACHA, INC), its Board of Directors or any other sponsor.

ASSURANCES: The undersigned has full power, authority, capacity and right without limitations to execute, deliver and perform this release.

BINDING EFFECT: The release shall be binding upon the undersigned and the undersigned's spouse, minor children, legal representatives, heirs, successors and assigns.

This release has been fully and carefully read by the undersigned and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered this Release as of the date signed below.

SIGNATURE: _____ **DATE:** _____

Completed form can be mailed along with payment to:

NACHA, INC.
P. O. Box 1373
Chino Valley, AZ 86323