



# PCHA

**2024**  
Membership & Nomination Form

## Pennsylvania Cutting Horse Association

**Please complete the entire form and sign**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Youth only: Birthdate: \_\_\_\_\_

<b>Membership Application:</b>	<b>\$25 Adult</b>	<b>\$15 Youth</b>
<b>Nomination:</b>	<b>\$75 Adult</b>	<b>\$25 Youth</b>

All nominations include rider and all horses shown by PCHA member. Award recipients must participate in 40% of the PCHA approved classes. The rider and owner of any horse must be a PCHA member for points to count for year end awards. Only money won after paid nominations will count toward year-end awards.

*NOTE: Youth are required to be PCHA members for points to count towards year-end awards, but the owners of horses they ride may be non-members.*

### **Pennsylvania Cutting Horse Association Indemnification & Release from Personal Injury Form**

I, the undersigned participant (or parent/guardian) HEREBY ASSUME ALL OF THE RISK OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH PENNSYLVANIA CUTTING HORSE ASSOCIATION. I hereby waive, release, and discharge from any liability the Pennsylvania Cutting Horse Association ( PCHA) its officers, employees, and agents, from all expenses, claims demands (including legal fees), action or cause of action, or any kind of nature whatsoever, whether known or ascertained, or which may hereafter develop or accrue me in favor of myself, my heirs, representatives of dependents, on age which may be suffered by me because of any matter, thing or condition, negligence, or default whatsoever and I hereby assume and accept the full risk of danger of any hurt, injury death or claim, property loss or injury damage (or my child's) or injury or death of any animal and or loss or disappearance, theft, damage to any property while participating in a PCHA event.

**My signature below confirms all information, nominations for year-end awards, liability waiver, permission to add to email list, and my donation to the PCHA.**

**All members**

**For minors only:**

Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Parent/Guardian Printed Name: \_\_\_\_\_

**Payment Information:**

\$ \_\_\_\_\_ Membership

\$ \_\_\_\_\_ Nomination

\$ \_\_\_\_\_ Donation – Thank You!

**\$ \_\_\_\_\_ Total enclosed**

**Please send completed forms to:**

Bill Stein

495 Schell Rd, Turbotville, PA 17772

or hws711@gmail.com

**Office Use Only:**

**NOTES:**

Payment received: \_\_\_ On Settlement \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_