CENTRAL WYOMING CUTTING CLUB (CWCC)

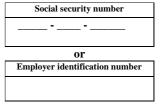
MEMBERSHIP APPLICATION & LIABILITY RELEASE

#1	Name (as shown on your income tax return)						
	Business Name, if different from above						
Print or type	Check appropriate box:					Exempt from	
		Individual / Sole Proprietor	Corporation	Partnership	Other	backup withholding	
	Address (number, street, and apt. or suite no.)					Requestor's name and address (optional) Central Wyoming Cutting Club c/o Debbie Keller 822 West River Road Worland, WY 82401	
	City, state, and ZIP code				c/o Debbie Keller 822 West River Roa		
	Email				Phone		
	NCHA Number				Birthdate (for Yo	Birthdate (for Youth/Minors)	
						Sr. (14-18)	
						Jr. (13 & under)	

Part 1 Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup with-holding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see <u>www.irs.gov</u>. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on <u>www.irs.gov</u>. **Note.** If the account is in more than one name, see the <u>www.irs.gov</u> for guidelines on whose number to enter.

Checks cannot be issued unless your valid Tax ID number is on file.



#2 Assumption of Risk & Release from Liability

As a condition to participate in this event, **THE UNDERSIGNED ASSUMES ALL RISKS** and responsibility for the safety of myself, my livestock and my property, as well as the person and property of any spouse, dependent, or minor child who accompanies me ("Releasor"). **I VOLUNTARILY HOLD HARMLESS, RELEASE, AND AGREE TO INDEMNIFY, Central Wyoming Cutting Club, Hot Springs County,** their affiliates, and their respective show producers, directors, officers, employees, members, agents and representatives (the "Releasees") from all claims of legal liability of any kind, demands, or causes of action, whether now existing or to hereafter accrue, (i) AS A RESULT OF ANY BODILY INJURY, LOSS OR DAMAGE TO ANY PERSON, ANIMALS, EQUIPMENT OR OTHER PERSONAL PROPERTY FROM ANY CAUSE WHATSOEVER, INCLUDING BUT NOT LIMITED TO THE INTENTIONAL OR NEGLIGENT CONDUCT OF RELEASEES; (ii) as a result of the actions of other persons, horses, livestock or hazards on the premises; or (iii) as a result of the interpretation or enforcement of the CWCC Bylaws, Rules or Regulations. This release is binding on the undersigned, my spouse, dependents, minor children, heirs, successors and assigns, as well as all riders, grooms and other helpers associated with the participation of the undersigned and his or her horse(s) in this event. **This Release is effective for all CWCC events.**

Signature	Date		
Signature	Date		
Name of Minor Child/Ward			
<u>Annual Membership Rates</u> *\$35 Individual *\$50 Family (Immediate family members to include Husband, Wife, and Children *\$10 youth (18 and under)	<u>Make membership check payable to CWCC and send to:</u> CWCC c/o Debbie Keller 822 West River Road Worland, WY 82401		

Horse owner and rider must be paid CWCC members prior to entering the show pen for earnings in any class (including youth) to count. It is the responsibility of the horse owner/rider to determine eligibility of the rider and horse for each class.