

Central Wyoming cutting Club
(CWCC)

MEMBERSHIP APPLICATION & LIABILITY RELEASE

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

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 www.irs.gov. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on www.irs.gov. **Note.** If the account is in more than one name, see the www.irs.gov for guidelines on whose number to enter.

Social security number
_____ - _____ - _____

OR

Employer identification number

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 _____

Annual Membership Rates
*\$35 Individual
*\$35 youth (under age 18)

Make membership check payable to CWCC and send to:
CWCC
c/o Debbie Keller
822 West River Road
Worland, WY 82401

Each horse owner and rider must be a paid CWCC member 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.