




**ALBERTA
REINED
COW HORSE
ASSOCIATION**

ARCHA
Box 1 Site 12 RR2
Airdrie, AB T4B 2A4
Phone: 403-875-1369
Email: info@cowhorse.ca

**2018
MEMBERSHIP
APPLICATION**

(Valid Nov. 1, 2017 to Oct. 31)

LAST NAME _____	FIRST NAME(S) _____
ADDRESS _____	HOME PHONE _____
CITY/PROV. _____	CELL PHONE _____
POSTAL CODE _____	OCCUPATION _____
EMAIL _____	

 Check if you are a first-time member. New members will receive a **FREE one-year subscription to Western Horse Review!**

All ARCHA members will receive a discounted rate of \$15.95 for their subscription to Western Horse Review!

Youth: \$25.00 _____ Adult: \$65.00 _____ Family (list all names above): \$ 110.00 _____ TOTAL \$ _____

Method of Payment:

Visa _____ Mastercard _____ Expiry date _____

Name as it appears on card: _____

Email address: _____ (payment receipt will be emailed)

Card Signature: _____

I hereby certify that all the above-submitted information is factual and true. I further understand that the full responsibility concerning my eligibility rests solely on me. The ARCHA, its directors & employees are not held responsible for the burden of proof for my eligibility. Should I be found not eligible for said division after competing, all monies & prizes shall be returned to the ARCHA Office upon notification.

SIGNED: _____ DATE: _____

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2018 TERMS AND CONDITIONS OF ENTRY

Show entrants scratching, for any reason, after **6:00 PM Wednesday** the week of the show are responsible to pay cattle and office fees. Show entrants scratching, for any reason, after 6:00 PM Thursday the week of the show are responsible to pay all entry fees. Add-backs and points from entries scratched after 6:00 PM Thursday will be included in the payout and point calculations. These fees must be paid prior to the next show date or they will not be considered a member in good standing. When a competitor fails to show without notice to the show management - all fees will be charged and payable prior to the next show date.

This membership application contains **THREE** parts
Part 1 – Membership Application
Part 2 – Terms and Conditions of Entry and Liability Waiver Form
Part 3 – Non Pro Declaration

2018 MEMBER LIABILITY RELEASE AND WAIVER FORM

NAME: _____

I, the undersigned, acknowledge that competition through the Alberta Reined Cow Horse Association involves an inherent risk of injury and accordingly, hereby release the Alberta Reined Cow Horse Association and its officers, members, agents, employees, representatives, or any and all of them, from all claims, demands, action or causes of action, of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue in favor of myself, my heirs, representatives or dependants, including any loss of property, animate or inanimate, belonging to me or used by me. I hereby assume and accept the full risk of all danger and any hurt, injury, damage or loss which may occur through or by reason of any matter, thing or condition, negligence or default, of any person during my involvement in this activity.

I assume full responsibility for the risk of loss or injury to myself, my property, or to any other person or the property of any other person, caused by or related to my own incapacity, medical condition, disability, drug or alcohol induced or otherwise that may cause or be related to any accident resulting in loss or injury aforesaid. I acknowledge this and undertake to withdraw from competition when incapacitated, wholly or partially, as competing by demonstrating performance of horses is a dangerous sport that involves risk of injury. I hereby agree to indemnify and save harmless the ARCHA from all claims of a similar nature made by others who are injured by my incapacity.

MEMBER SIGNATURE: Family Member # 1 _____ Family Member # 2 _____
(After having read the "Terms and Conditions of Entry" and the "Liability Release and Waiver")

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____
(If participant is 18 years of age or under) (After having read the "Terms and Conditions of Entry" and the "Liability Release and Waiver")

ON BEHALF OF: _____ **AGE:** _____

DATE: _____

ARCHA RELEASE OF INFORMATION POLICY

The ARCHA, at the discretion of the Board of Directors, may release its membership list, upon request, to sponsors, related government agencies, service providers such as photographers, and others involved in similar equine activities. The list will not be released or sold to retail third party for profit groups. If you have objections to the above policy, please contact the ARCHA office and ask to have your name removed from the membership list.

Please note that photos and/or videos may be taken at all ARCHA shows and/or organized clinics and may be used for promotional use. This includes, but is not limited to, social media, website, print ads, etc. Please advise the ARCHA office if you would prefer not to be photographed in this manner.

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NON PRO DECLARATION

APPLICANT MUST BE A CURRENT ARCHA MEMBER OR ARCHA MEMBERSHIP APPLICANT, MEMBERSHIP LIABILITY RELEASE WAIVER FORM AND MEMBERSHIP DUES MUST BE INCLUDED WITH THIS FORM.

Applicant Name (please print): _____

*This form must be received in the ARCHA office **ten days** prior to entering applicant's first ARCHA Non Pro class. In the case of a youth, the legal custodian must complete the declaration. Before submitting your application, please carefully read and answer the following statements, as well as read and sign the Non Pro Code of Conduct and Ethics below.*

NOTE: If the following statements are not answered or it is not signed, your declaration will not be accepted and will be returned to you for completion. Non Pro status is extended on a temporary basis and is subject to revocation pending approval by the Non Pro Committee. Non Pro status will be null and void if it is determined that you do not qualify under ARCHA Non Pro conditions, as designed in the ARCHA rulebook.

- Within the past 5 years, I have given lessons for remuneration. Yes _____ No _____
- Within the past 5 years, I have shown, trained, or assisted in the training of a horse not owned by myself or an immediate family member for remuneration. Yes _____ No _____
- Within the past 5 years, I have accepted payment for entry fees and/or expenses for a horse(s) that I have ridden that was not owned by myself or an immediate family member. Yes _____ No _____
- I reside on, work for, am publicly identified with or derive monetary remuneration directly or indirectly, from a horse training facility or equine science program. Yes _____ No _____

If you answered "yes" to any of the above, please explain below with specific dates as to when you started and/or stopped any of the above. Please use a separate sheet of paper if necessary.

- A. Occupation _____
- B. Relationship to operation of a horse training facility _____
- C. Explanation of any statements answered "Yes" above _____

NON PRO CODE OF CONDUCT AND ETHICS

I, the undersigned, agree to act with the utmost of integrity while participating in the sport of Cow Horse and ARCHA events. I understand that an ARCHA Non Pro Card is a privilege and not a right, and that I may be required to submit my card for review of applicability at any time. Furthermore, I understand that so long as I hold a Non Pro card, it is my responsibility to be aware of and abide by the most current Non Pro conditions set forth in the ARCHA Rulebook. By signing this agreement, I specifically agree to:

- Understand and be bound by the rules of the ARCHA as set forth in the annual ARCHA Rulebook.
- Abide by the show conditions set forth at all ARCHA approved shows.
- Act with honesty and transparency when purchasing horses as well as competing at ARCHA events.
- Ensure the welfare of the horses I show and treat those horses humanely, and with dignity and compassion.
- Refrain from violating the Non Pro Conditions as set forth in the annual ARCHA Rulebook.
- Represent the ARCHA by refraining from any action that discredits the sport, or the association.
- Accept the decisions set forth by the ARCHA Board of Directors.

By signing below, I ACCEPT the rules and regulations relating to Non Pro membership in the ARCHA, and affirm the truth of all statements above. I also affirm that I have read and agree to abide by the Non Pro Code of Conduct and Ethics.

Signature: _____ **Date:** _____