



# CASCADE TEAM PENNING ASSOCIATION

## 2009-2010 MEMBERSHIP APPLICATION

(1) LAST NAME	FIRST	SSN - -	BIRTH DATE: / /
(2) LAST NAME	FIRST	SSN - -	BIRTH DATE: / /
(3) LAST NAME	FIRST	SSN - -	BIRTH DATE: / /
ADDRESS			MEMBER NO.
ADDRESS			DATE REC'D: / /
CITY	STATE	ZIP	
E-MAIL ADD:			
(1) PHONES: (H) ( ) - (W) ( ) - (C) ( ) - FAX ( ) -			
(2) PHONES: (H) ( ) - (W) ( ) - (C) ( ) - FAX ( ) -			
(3) PHONES: (H) ( ) - (W) ( ) - (C) ( ) - FAX ( ) -			

**Be sure and include your Social Security number. This is a mandatory field.**

**VOLUNTEERS ARE NEEDED AND APPRECIATED.** Please indicate any areas in which you would like to help the Association (i.e., arena, pen and cattle crews, show secretary, newsletter assembly/articles, etc.) \_\_\_\_\_

**FAMILY MEMBERSHIP / \$40**    **INDIVIDUAL MEMBER / \$25**    **YOUTH / \$10**    **DAY / \$10**

### SELF-RATING

If the Rating Committee has not previously rated you, please contact a Board Member or Donna Stevens (503) 590-4198 regarding a Self-Rating Form.

### \*\*\*ATTENTION ALL CTPA MEMBERS\*\*\*

As you know, our Society is one where lawsuits are initiated at every opportunity and a lawsuit filed against the Association by one of its members, participants, volunteers or bystanders is a real possibility.

While we hope that the members, participants, volunteers or bystanders will take responsibility for their own actions, we must ensure the continued viability of the Association and protect it from those few who might not take the responsibility for their own actions.

The Association is asking all members to sign the hold harmless agreement on the reverse side in order to renew their membership in **CASCADE TEAM PENNING ASSOCIATION**. By signing the Agreement, you will not be asked to sign the waivers at the events.

**Send your check made payable to CTPA to**  
**CASCADE TEAM PENNING ASSOCIATION, Post Office Box 1**  
**Sherwood, OR 97140**  
**(503) 590-4198**

**WAIVER AND RELEASE OF LIABILITY AGREEMENT**

I do declare that I am a participant (or legal custodial parent or guardian of my child or ward) in a CASCADE TEAM PENNING ASSOCIATION (“CTPA”) sponsored, sanctioned or approved event.. I acknowledge and understand that equine activities can be dangerous and that by participating in or observing any such activity, or being present at a CTPA sponsored, sanctioned or approved event, there are inherent risks, possible hazards and dangers that cannot totally be eliminated. I understand these risks, hazards and dangers may include, but not be limited to, the following:

- The risk of physical injury to my person or damage to my property as a result of an encounter with any livestock (i.e., horse and/or cattle) or any other participants, officers, agents and volunteers while participating or watching a CTPA sponsored, sanctioned or approved event.
- The risk of physical injury as a result of being in the vicinity of any mechanical devices and/or equipment.

In consideration of the CASCADE TEAM PENNING ASSOCIATION, an Oregon non-profit corporation, permitting me to participate in or otherwise be present during events that CTPA sponsored, sanctioned or approved, wherever they may be held, on my behalf, and on behalf of my legal representatives, heirs, successors and assigns, I hereby waive, release and discharge CTPA, and any affiliated entity, including, but not limited to, the Stock Contractor and Promoter, and their officers, agents and volunteers (the “Releasees”), for any and all claims, demands, causes of action, suits, costs, expenses and damages of all types and descriptions for personal injury, death or property damage, including, but not limited to, breaches of contract, wrongful death, liability or violation of statute arising from or in any way relating to my actual participation or presence at events sponsored, sanctioned or approved by CTPA.

I agree to indemnify, defend and hold harmless the Releasees from any and all loss, liability, damage or cost, including attorney fees, that they may incur due to my participation in or presence at any events sponsored, sanctioned or approved by CTPA, whether caused by my negligent or intentional acts or the negligence of the Releasees.

I further agree that this Waiver and Release of Liability Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Oregon, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I have read, clearly understand and voluntarily sign this Agreement. I hereby agree to comply with all the Rules and Regulations of all CTPA sponsored, sanctioned or approved events.



**I HEREBY AUTHORIZE RELEASE OF MY PERSONAL INFORMATION (EXCLUDING MY SSN) TO OTHER ASSOCIATIONS OR ORGANIZATIONS**

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

[show address only if other than as shown on reverse]

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_