

## Cowboy State Stock Horse Association Membership Form For the year of 2018 Please fill out the requested information below make checks payable to CSSHA and return

along with your payment to:	normation below, make checks payable to CSSHA	and return
CSSHA, P.O. Box 1981 Riverton, WY 82501		
Nama		
		_
Work Phone:	Cell Phone:	_
E-Mail Address for news/update	PS:	_
[] Family Membership \$25	[ ] Single Membership \$20	
Please make checks payable to CS The membership year runs from a Membership includes a subscripti		ice a month.
waive, release, and forever discharg venue in which any event CSSHA h members, agents, employees, and/or damage, or injuries to my person or into a restricted area and/or my part dangerous and unpredictable, and th as my concious choice. I further un thereof, and weather conditions all of	n, I, the undersigned, do hereby (for myself or my executors a ge the Cowboy State Stock Horse Association (CSSHA) and holds a show, clinic, fun day or any such equine related activ r volunteers from any and all legal claims or liability on my property arising out of my participation in such event. I und icipation contains Danger and Risk of Injury or Death, that a hat there is Inherent Danger in which I fully understand and w derstand that the arena surface, access ways or lack thereof, change and pose a possible danger to me. <u>I voluntarily elec</u> ny event CSSHA holds and the venue the event is held in	the operators of the ity, CSSHA officers, behalf for any loss, derstand that entry mimals are voluntarily assume lighting or lack <b>t to Accept All</b>
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	Date	
Signature of parent or legal Guardia	anDate	
For office use:		

\_\_\_\_ Member name and address sent to the Wrangler News \_\_\_\_ Member has been given a CSSHA rulebook