



Cowboy State Stock Horse Association Membership Form
For the year of _____

Please fill out the requested information below, make checks payable to CSSHA and return along with your payment to: CSSHA, P.O. Box 1981, Riverton, WY 82501

Name: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address for news/updates: _____

Family Membership \$25

Single Membership \$20

Please make checks payable to CSSHA.

The membership year runs from January 1 through December 31.

Membership includes a subscription to the Wrangler, our official newsletter, published twice a month.

In consideration of my participation, I, the undersigned, do hereby (for myself or my executors and administrations) waive, release, and forever discharge the Cowboy State Stock Horse Association (CSSHA) and the operators of the venue in which any event CSSHA holds a show, clinic, fun day or any such equine related activity, CSSHA officers, members, agents, employees, and/or volunteers from any and all legal claims or liability on my behalf for any loss, damage, or injuries to my person or property arising out of my participation in such event. I understand that entry into a restricted area and/or my participation contains Danger and Risk of Injury or Death, that animals are dangerous and unpredictable, and that there is Inherent Danger in which I fully understand and voluntarily assume as my conscious choice. I further understand that the arena surface, access ways or lack thereof, lighting or lack thereof, and weather conditions all change and pose a possible danger to me. **I voluntarily elect to Accept All Risks connected with entry into any event CSSHA holds and the venue the event is held in.**

Name of Contestant _____

Signature of Contestant _____ Date _____

Signature of parent or legal Guardian _____ Date _____

For office use:

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