

**FCCRA WESTERN PERFORMANCE HORSES
MEMBERSHIP APPLICATION**



I, the undersigned, hereby for myself, my heirs, executors and administrators, waive and relieve from Four Corners Cutting & Reining Association Inc., the individuals, members and officers and other persons or associations connected with this event, their successors and assigns, from any and all rights or liability for damages for any and all injuries to me or to any entry, including animals, or in the event of an accident, to any person, caused by me or my entry. (Membership is from January 1 - December 31 annually)

Signed: _____

Print Name: _____

Address: _____

Street

City

State

Zip Code

Phone # _____ e-mail _____

Individual \$35 _____ Family \$40 _____ Stallion Owner _____ Year _____

Send payment to FCCRA, %, Pat James, 1528 CR 222, Durango, CO 81303 - Phone: 970 946-8575

E-mail: fccrahorse@gmail.com