

**FOUR CORNERS CUTTING & REINING ASSOCIATION 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: \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Individual \$35 \_\_\_\_\_ Family \$40 \_\_\_\_\_ Stallion Owner \_\_\_\_\_ Mare Owner \_\_\_\_\_ Year \_\_\_\_\_

Send payment to FCCRA, %, Pat James, 1528 CR 222, Durango, CO 81303 - Phone: 970-247-8208

E-mail: [fccrahorse@gmail.com](mailto:fccrahorse@gmail.com)