



**CRISIS FUND
APPLICATION FOR ASSISTANCE**

Name of NCQHA member requesting assistance: _____

Address: _____

District: _____ Date of disaster or emergency : _____

Available insurance: _____

Other sources of income or support: _____

How can we best help you? _____

Care of livestock: _____

Provide fee/hay? _____

Transportation? _____

Food/groceries? _____

Clothing? _____

Equipment: _____

Household supplies? _____

Other? _____

I hereby certify that the above information is correct. I will waive and hold NCQHA harmless from any and all alleged liability in connection with my request for assistance. This waiver extends to any and all action taken or not taken with respect to this application (and whether or not assistance is granted). In this regard, I acknowledge that whether or not I am determined to be eligible for assistance, and whether or not assistance is given, are matters solely within the absolute direction of the Crisis Fund Committee. For purposes of this waiver and hold harmless agreement, the term "Crisis Fund Committee" shall include the North Carolina Quarter Horse Association and any of its employees, officers, or agents.

**Mail to: Lynn Bodine
229 Heritage Place
 Mooresville, NC 28115**