



NATIONAL HIGH SCHOOL RODEO ASSOCIATION MEMBERSHIP APPLICATION 2010-2011

(Please Print or Type)

STATE/PROVINCE SECRETARY USE ONLY Membership # Issued

Name: _____

Mailing Address: _____ Telephone: (____) _____

City, State/Province: _____ Zip+4 / Postal Code: _____

Country: _____ Gender (circle one): Male Female Cell Phone: (____) _____

Email Address: _____

State/Province Attending School In: _____ School Type (circle one): Public Private Home

Date of Birth: Month _____ Day _____ Year _____ Current Grade in School (circle one): 9 10 11 12

Age as of August 1, 2010 _____ Were you previously a member of the NHSRA Junior High Division? _____

State/Province Association in which you are applying for membership: _____

If you live in a different state than the one you are applying for membership in, have you submitted a signed transfer form? _____

Which Region/District (if applicable): _____ Years in NHSRA (circle one): 1 2 3 4 (*include current year*)

Check one: _____ Rookie (1st year) Member _____ Renewing Member

Type of Membership (check one): _____ Competing _____ Associate

(Competing members are eligible to enter events at qualifying rodeos, compete for awards and scholarships and qualify for the National High School Finals Rodeo. Associate members are not eligible to enter rodeo events. Both categories of membership are eligible for additional benefits from the region/district, state/province and the NHSRA as may be currently offered.)

Dues and Fees:	Competing	Associate
NHSRA Dues	\$33.00	\$15.00
NHSRA Times Subscription (U.S.)	\$15.00	\$15.00
NHSRA Times Subscription (Foreign)	\$25.00	\$25.00
Western Horseman Subscription . .	\$2.00	N/A
Insurance	\$74.00	\$10.00
State/Province Dues	\$ 23.00	\$ _____
Region/District Dues	\$ _____	\$ _____
Total	\$ 147.00	\$ _____

IMPORTANT - PLEASE INITIAL

I understand that I receive a one-year subscription to *Western Horseman* magazine as a benefit of my NHSRA membership (**non-waivable**). Two-dollars of my NHSRA membership dues will be applied to this one-year subscription. (*Initial here*) _____

EVENTS (Competing Members Only)
(As a competing members you are eligible to enter any of the events offered for your gender. For statistical purposes, please check any and all of the events you are planning to enter at any time this rodeo season.)

- | | |
|---|--|
| <p><u>BOYS EVENTS</u></p> <p>_____ Tie-Down Roping</p> <p>_____ Steer Wrestling</p> <p>_____ Bareback Riding</p> <p>_____ Saddle Bronc Riding</p> <p>_____ Bull Riding</p> <p>_____ Team Roping</p> <p>_____ Cutting</p> | <p><u>GIRL'S EVENTS</u></p> <p>_____ Barrel Racing</p> <p>_____ Pole Bending</p> <p>_____ Queen Contest</p> <p>_____ Goat Tying</p> <p>_____ Breakaway Roping</p> <p>_____ Team Roping</p> <p>_____ Cutting</p> |
|---|--|

Would you like to participate in sponsor surveys and focus groups, or receive email updates on NHSRA Programs and Sponsor Promotions? _____

If you are a new member, how did you learn about the NHSRA?

___ Website	___ FFA / School Poster
___ Friend or Relative	___ Print Advertisement
___ Trade Show Booth	(Which publication?) _____
___ Membership Poster	_____
___ Television Ad	___ Other (Please list)
___ Packet from Natl. Office	_____

READ AND SIGN BELOW:

We certify that the information supplied in this application is true and correct to the best of our knowledge and belief and that the student applying for membership meets the qualifications and criteria for membership in the District/Region High School Rodeo Association, the State/Province High School Rodeo Association and the National High School Rodeo Association. By applying for and receiving membership in the District/Region, State/Province and National High School Rodeo Association, we hereby agree to follow all rules and guidelines set forth by the Region/District, State/Province and the National High School Rodeo Association and to abide by all decisions and rulings of the governing committees and boards of these associations.

Member Signature: X _____ Date: _____

Mother's Signature: X _____ Father's Signature: X _____

(BOTH PARENTS AND/OR GUARDIANS MUST SIGN APPLICATION!)
COMPLETE THE RELEASE FORM ON THE REVERSE SIDE OF THIS APPLICATION.

NATIONAL HIGH SCHOOL RODEO ASSOCIATION

MEMBER'S NAME _____ SOC. SEC. # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ AGE: MM _____ DY _____ YR _____ EFFECTIVE DATE: _____

MINOR'S RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

We, the undersigned, hereby request that the below named minor (minor) be granted permission (1) to enter the restricted area, (2) to participate as a contestant, assistant, official or otherwise in rodeo events, (3) to compete for money, prizes, recognition or reward, (4) to be covered by participants' hospitalization insurance, if applicable, as limited by the master policy (all collectively hereinafter called "permissive entry").

In consideration of "permissive entry" to minor into the restricted area, which is the area from which admission to the general public is restricted, which includes, but is not limited to the rodeo arena, competition area, chutes, pens, adjacent walkways, concessions, and other appurtenances, we, the undersigned, on behalf of the minor and for ourselves, our personal representatives, heirs, next of kin, spouses and assigns, do hereby:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the rodeo committee, stock contractor, rodeo association, sponsors, arena operators or owners, and each of them, their officers, agents and employees (all hereinafter collectively referred to as "releasees") from any and all claims and liability arising out of strict liability or ordinary negligence of releasees or any other participant which causes the undersigned injury, death, damages or property damage. We, the undersigned, jointly, severally, and in common, covenant to hold releasees harmless and to indemnify releasees from any claim, judgement or expenses releasees may incur arising out of any of the minor's activities or presence in the restricted area.

2. UNDERSTAND that minor's entry into the restricted area and/or participation in rodeo events contains DANGER AND RISK OF INJURY OR DEATH TO MINOR, that conditions of the rodeo arena change from time to time and may become more hazardous, that rodeo animals are dangerous and unpredictable, and that there is INHERENT DANGER in rodeo which we each appreciate and voluntarily assume because the minor and we choose to do so. Each of the undersigned has observed events of the type that the minor seeks to participate in. We further understand that the arena surface, access ways or lack thereof, lighting or lack thereof, and weather conditions all change and pose a danger to the minor. We further understand that other contestants and participants pose a danger to the minor, but nevertheless, WE EACH VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected with the minor's entry into the restricted area and/or participation in any rodeo events.

3. AGREE that this agreement shall apply to any incident, injury, accident or death occurring on the above date and FOR A PERIOD OF ONE (1) YEAR THERAFTER or until the minor's association membership expires, whichever shall last occur. All subsequent agreements and release documents signed by any of the undersigned shall amplify, but shall in no way limit the provisions of this document. The provisions of this document may be cancelled by any one of the undersigned by delivering to the above rodeo association written cancellation of this agreement which shall be effective 24 hours after the date said cancellation is actually received by the rodeo association.

4. Releasor or parents or guardians of the undersigned minor AGREE TO INDEMNIFY the Releasees and each of them from any loss, liability, damage or costs they may incur due to the presence or participation of the minor in the described activities whether caused by the negligence of the Releasees or otherwise.

WE HAVE READ THIS DOCUMENT, WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

WE APPRECIATE AND ASSUME ALL RISKS INHERENT IN RODEO.

Signature of Natural Father **AND*** _____
Signature of Natural Mother

Signature of Legal Guardian _____
Signature of Member

On this _____ day of _____, 20____, before me, personally appeared _____

_____, to me known to be the persons who executed the foregoing Release and acknowledged that they signed same as their free act and deed.

My Commission Expires:

Notary Public

*Both parents and member or legal guardian must sign this form in the appropriate places above. If only one parent is signing, please note reason on signature line. For example, DECEASED, DIVORCED AND FULL CUSTODY, ETC. All signatures must be witnessed by a notary and listed as personally appearing in the appropriate place on the form. Be sure that notary signs, dates and places his/her seal on the form. Please return original Minor's Release form to the state/province secretary with membership application and fees.