

# Southern Junior Rodeo Association Membership Form 2020-2021



Please print clearly

**\*\*Entire form must be filled in before any points will count**

Child 1 \_\_\_\_\_ M or F Age as of Oct. 1<sup>st</sup>, 2020 \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Child 2 \_\_\_\_\_ M or F Age as of Oct. 1<sup>st</sup>, 2020 \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Child 3 \_\_\_\_\_ M or F Age as of Oct. 1<sup>st</sup>, 2020 \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Child 4 \_\_\_\_\_ M or F Age as of Oct. 1<sup>st</sup>, 2020 \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Email \_\_\_\_\_ Best contact#: \_\_\_\_\_

\_\_1 member \$25.00 \_\_2 member \$40.00 \_\_3 members \$50.00 \_\_4 members \$60.00 (from the same immediate family)

Amt. Paid: \_\_\_\_\_ Copy of Birth Certificate must be on file.

High School member _____ Junior High School member _____
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As consideration for being allowed to participate and/or compete in the SJRA events, I the undersigned agree to the following:

**Acknowledgement of risk:** The undersigned acknowledges that the SJRA events are dangerous activities and that the participation in said events, as either a contestant, and employee or volunteer, exposes the participant to substantial and serious risk of property damage, personal injury or death. The undersigned expressly acknowledges that his/her participation will involve such a hazard.

**Release of sponsors:** The undersigned being fully aware that participation in the SJRA events exposes the participant to substantial and serious risk of property damage, personal injury or death, hereby releases all sponsors from liability for any and all property damage, personal injuries or other claims arising from the undersigned's participation in said events including those that are known and unknown, foreseen and unforeseen, future or contingent.

**Covenant not to sue:** The undersigned covenants that the undersigned shall not now or at anytime in the future, directly or indirectly, commence or prosecute any action, suit or other proceedings against the sponsors (or their officers, directors, employees, agents or affiliates) concerning, arising out of, or related to the actions, causes or action, claims and demands hereby waived, released or discharged by the undersigned.

**Assurances:** The undersigned has full power, authority, capacity, and right without limitation to execute, deliver and perform this release.

**Rules:** The undersigned agrees to all of the rules of the SJRA.

**Binding Effect:** This release shall be binding upon the undersigned and the undersigned's spouse, legal representative, heirs, successors and assigns.

**Note:** Participants under 18 years of age must have the following signed by their parents or guardians:

**Consent to treat:** I hereby give the SJRA, the local EMS, and the hospital the right to treat the above listed child/ren, which I am the parent or guardian of, should the need arise.

I have read the above releases in full. I totally understand its terms and conditions, and hereby voluntarily execute and deliver this consent to contestant's participation in the SJRA events. I further agree to be fully bound by the release's terms and conditions in both by individual capacity and in my capacity as parent or legal guardian of the undersigned.

**Parents/Guardian Signature::** \_\_\_\_\_

**\*\*\*Notary: (If parent/guardian is not physically present with the SJRA Secretary at time of signing)**

Notary Signature: \_\_\_\_\_ Board Member \_\_\_\_\_ My commission expires: \_\_\_\_\_ (office use only)

Mail Form too: **SJRA, Attn: Jennifer Woodmansee 688 Grant 481, Prattsville, AR 72129**