

PRO-YOUTH RODEO ASSOCIATION
3668 CR 270
HICO, TX 76457
254-796-2782

www.pro-youthrodeo.org email pro-yra@pro-youthrodeo.org

2009 MEMBERSHIP APPLICATION \$60.00
(SEPARATE CHECK REQUIRED FOR MEMBERSHIP DUES)

NAME _____ SS# _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE AS OF JAN 1, 2009 _____

E-MAIL ADDRESS _____ T-Shirt Size _____ Jacket Size _____

MUST SUBMIT COPY OF BIRTH CERTIFICATE FOR PROOF OF AGE

IN CASE OF EMERGENCY NOTIFY:

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

MEMBER WAVIER OF LIABILITY

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NO LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

THE STATE OF _____

COUNTY OF _____

BEFORE ME THE UNDERSIGNED AUTHORITY, A NOTARY PUBLIC IN AND FOR THE SAID COUNTY AND STATE ON THIS DAY PERSONALLY APPEARED: _____ (FATHER) AND/OR

(MOTHER), THE PARENTS/GUARDIAN OF CONTESTANT WHO HAS SIGNED THE FOREGOING MEMBERSHIP APPLICATION FORM FOR ENTRANCE IN THE PRO-YOUTH RODEO ASSN., WHO UPON THEIR OATH EACH DEPOSES AND SAYS THAT THEIR CHILD IS A CAPABLE RODEO PERFORMER AND HEREBY GIVE THEIR PERMISSION FOR SAID CONTESTANT TO PARTICIPATE IN ANY EVENT IN SAID RODEOS, AND DO HEREBY RELEASE PRO-YOUTH RODEO ASSN., AND ITS ADVISORS, DIRECTORS, AND TH E SPONSORING RODEO ASSN. AND ITS ADVISORS, DIRECTORS, WORKERS, AND THE STOCK CONTRACTOR AND ITS WORKERS FROM ALL LIABILITY IN CASE OF ACCIDENT OR INJURY TO THE CONTESTANT. IF SAID CONTESTANT IS INJURED WE HEREBY GIVE OUR PERMISSION AND CONSENT FOR HIM/HER TO BE TRANSPORTED TO A HOSPITAL AND BE GIVEN TREATMENT BY ANY DOCTOR OR HOSPITAL OR HIS OR ITS PERSONNEL, AND HEREBY RELEASE SAID DOCTOR, HOSPITAL AND PERSONNEL FOR TRANSPORTING CONTESTANT TO HOSPITAL AND ADMINISTERING NECESSARY TREATMENT, IF ANY.

AND/OR _____

FATHER (SIGNATURE) _____

MOTHER (SIGNATURE) _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 200__.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

OFFICE USE ONLY

CARD SENT _____

BIRTH CERTIFICATE _____ COMPUTER _____