

KEYSTONE JUNIOR RODEO ASSOCIATION 2017 MEMBERSHIP APPLICATION

Last year a large number of applications submitted were missing required information. Please be sure that you have completed all of the following before sending your application to the secretary. Your cooperation in this matter will be greatly appreciated!

Page 2--Completed w/ a copy of the contestant's Health Insurance Card & Birth Certificate (or another form of government-issued identification that includes the contestants' birth date). If you were a member in 2016 you do not need to include a Birth Certificate. Health Insurance card is updated each year & Birth Certificate is only needed for new members as the Birth Certificates is carried forward year-to-year.

Page 3--Completed w/ a Notary Signature

Page 4--Completed w/ a witness signature

Page 5--Completed

Page 6--Completed w/ a separate page for each contestant
 Annual Membership Fee Included (\$50 if application is submitted by February 11, 2017--\$75 if postmarked after February 11, 2017)

Completed membership applications will gladly be accepted at the awards banquet. If you plan to mail your application, please be sure that the postage is sufficient to mail the envelope--it generally takes more than one stamp.

**KEYSTONE JUNIOR RODEO ASSOCIATION
2017 MEMBERSHIP APPLICATION**

FAMILY MEMBERSHIP NAME _____
CHILD _____ AGE AS OF JANUARY 1 OF RODEO YEAR _____
CHILD _____ AGE AS OF JANUARY 1 OF RODEO YEAR _____
CHILD _____ AGE AS OF JANUARY 1 OF RODEO YEAR _____
CHILD _____ AGE AS OF JANUARY 1 OF RODEO YEAR _____
CHILD _____ AGE AS OF JANUARY 1 OF RODEO YEAR _____
MAILING ADDRESS _____
CITY _____
STATE _____
ZIP CODE _____
E-MAIL ADDRESS _____
PHONE: _____
CELL PHONE: _____

ANNUAL MEMBERSHIP DUES:

\$50.00 IF PAID BY Feb. 11, 2017--\$75.00 IF PAID AFTER Feb. 11, 2017 ANNUALLY

PARENT SIGNATURE _____
DATE _____
TOTAL SUBMITTED \$ _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION...

COPY OF HEALTH INSURANCE CARD FOR EACH CHILD

COPY OF EACH CHILD'S BIRTH CERTIFICATE (FOR NEW MEMBERS ONLY)

PLEASE MAIL FORM TO:

Pat Manns (KJRA)
2081 Maxfield Rd
Cortland, NY 13045

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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, assist official or otherwise in rodeo events, (3) to compete for money, prizes, 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, and 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 the, their officers, agents, and employees from any and all claims and liability arising out of strict liability or ordinary negligence of releases or any other participant which causes the undersigned injury, death, damages or property damages. We the undersigned, jointly, severally, and in common covenant to hold releases harmless and to indemnify release from any claim, judgment or expresses releases may incur 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 area 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 the type that their minor seeks to participate in. We further understand that the arena surface, access ways 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 participate 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 (1) YEAR THEREAFTER or until the minor's association membership expires, which ever 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 canceled by any 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. Releaser or parents or guardian of the undersigned minor AGREE TO INDEMNIFY the Releases each of them from and loss, liability, damage or cost they may incur due to the presence or participation of the minor in the described activities whether caused by the negligence of that Releases or otherwise.

WE HAVE READ THIS DOCUMENT; WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. WE APPRECIATE AND ASSUME ALL RISK INHERENT IN RODEO. APPEARED PERSONALLY BEFORE ME ON THIS ____ DAY OF _____, AND BECAME KNOWN TO THE PERSONS WHO EXECUTED THE FOREGOING RELEASE AND I ACKNOWLEDGE THAT THEY SIGNED BEFORE ME AS THEIR FREE ACT AND DEED.

NOTARY SIGNATURE _____

DATE _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

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ASSUMPTION OF RISK

I have discussed the rodeo event(s) that I wish to participate in with my parents or legal guardian. They have explained to me the risk of personal injury involved with the event(s).

I assume all risk and responsibility in participating in the event(s).

I agree that if at any point I feel endangered or unsafe by my own actions or those of others that I am free to withdraw from the event(s) and will do so of my own free will.

Child's
Signature _____ Date _____

Child's
Signature _____ Date _____

Child's
Signature _____ Date _____

Child's
Signature _____ Date _____

Child's
Signature _____ Date _____

Parent Or Legal Guardian
Signature _____ Date _____

Witness
Signature _____ Date _____

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PHOTO/VIDEO RELEASE

I grant to KJRA, its representatives, or members the right to take photographs or video of me and my property. I authorize KJRA, its assignees, or transferees to copyright, use and publish the same in print and/or electronically. I agree that KJRA or its members may use such photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and world wide web content.

I have read and understand the above:

Child's

Signature _____ Date _____

Child's

Signature _____ Date _____

Child's

Signature _____ Date _____

Child's

Signature _____ Date _____

Child's

Signature _____ Date _____

Parent Or Legal Guardian Signature _____ Date _____

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PLEASE PRINT AND COMPLETE THIS PAGE FOR EACH CHILD IN YOUR FAMILY

Child's Name _____

Mother's Name _____ Phone _____ Cell _____

Father's Name _____ Phone _____ Cell _____

Other Emergency Contact _____ Phone _____ Cell _____

Other Emergency Contact _____ Phone _____ Cell _____

Person(s) to whom child may be released if other than parents (Name, address, phone required below)

Name, address, phone number of child's physician or primary care provider:

Special Needs: _____

Disabilities: _____

Allergies: _____

Special Medical Conditions: _____ Any

Additional Concerns/Needs: _____

Health Insurance Coverage For Child Or Medical Assistance Benefits:

Provider _____

Policy Number _____

Permission To Obtain Emergency Medical Care (Parent/Guardian Signature) _____

Permission to Provide Basic First Aid (Parent/Guardian Signature) _____

Signature of Parent/Legal Guardian

_____ Date _____

Signature of Parent/Legal Guardian

_____ Date _____