



North Texas High School Rodeo Association
P.O. Box 79500 Saginaw, TX 76179
 E-Mail: nthsra@yahoo.com Web: www.nthsra.org
 817-232-BULL (2855) FAX: 817-847-8744
2011-2012 MEMBERSHIP APPLICATION

OFFICE USE ONLY	
Date: _____	
Rec. #: _____	
Member #: _____	
Finals Ad:	
<input type="checkbox"/> Pd	<input type="checkbox"/> In

NAME _____ SCHOOL _____ GRADE _____

ADDRESS _____ CITY _____ TX ZIP _____

PHONE #'s _____ AGE _____ BIRTHDATE _____ E-MAIL _____

1ST YEAR FRESHMAN: YES _____ Finals Jacket size _____

STUDENT MEMBERSHIP FEE OF \$50.00 IS DUE AT TIME OF APPLICATION
A COPY OF BIRTH CERTIFICATE OR A VALID DRIVERS LICENSE MUST BE TURNED IN WITH THIS APPLICATION
A \$50.00 BUSINESS CARD SIZE AD FOR THE 2011 FINALS RODEO PROGRAM IS REQUIRED BY ALL MEMBERS,
DUE IN THE NTHSRA OFFICE BY SUNDAY, OCTOBER 9, 2011, BY 5:30 PM

Each student member must belong to a member club and is required to be scholastically eligible in his/her school district to participate in any NTHSRA rodeo. Each member must ride under the school they attend. Each member must turn in grades by due dates to continue to participate.

In consideration of permissive entry to a 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 area, 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:

- 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, judgment, or expenses releasees may incur arising out of any of the minor's activities or presence in the restricted area.
- UNDERSTAND** that minor's entry into the restricted area and/or participation in rodeo events contain **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 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 no other contestants or participants pose a danger to the minor, but nevertheless, **WE EACH VOLUNTARILY ELECT TO ACCEPT ALL RISKS** connected with the minor's entry into restricted area and/or participation in any rodeo events.
- AGREE** that this agreement shall apply to any incident, injury, accident, or death occurring from date of the agreement, **FOR A PERIOD OF ONE (1) YEAR THEREAFTER** 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 canceled 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.

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.

EFFECTIVE DATE _____

TEXAS EQUINE LAW

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), NORTH TEXAS HIGH SCHOOL RODEO ASSOCIATION IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I, we, give my (our) permission for _____ to participate in North Texas High School Rodeo Association sanctioned rodeos. By signing this form, I, we, agree to abide by all NTHSRA rules explained in the rulebook. I, we, release NTHSRA from any and all responsibility or liability for misconduct, personal injury, loss, or damage of personal property for the above named individual while participating or being involved in any way whatsoever in any NTHSRA rodeo or function. Furthermore, this release will extend to any Association activity such as outings, banquets, etc. in which the Association may be involved in.

****MEDICAL RELEASE****

I, we, grant my permission to the Club Sponsor to either take or authorize transportation (ambulance) for my son/daughter, the above named individual, to the nearest hospital and to contact my family doctor or another doctor in case of an emergency. I, we, further authorize and give the Club Sponsor the power to consent to medical and surgical treatment for my son/daughter as named above, during an emergency involving an immediate danger to the health and safety of the child named above in accordance with 35.01 of the Texas Family Code.

I, WE, HAVE READ THIS DOCUMENT, CONSISTING OF TWO (2) PAGES, AND UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

BY EXECUTING THIS DOCUMENT AND MEDICAL RELEASE, I, WE HEREBY CERTIFY THAT I, WE, HAVE FULL LEGAL RIGHT TO GRANT THE PERMISSION FOR THE ABOVE NAMED INDIVIDUAL TO ENGAGE IN ACTIVITIES OF THE NORTH TEXAS HIGH SCHOOL RODEO ASSOCIATION, INC.

SIGNATURE OF NATURAL FATHER PRINTED NAME OF FATHER HOME PHONE # DAYTIME PHONE #

SIGNATURE OF NATURAL MOTHER PRINTED NAME OF MOTHER HOME PHONE # DAYTIME PHONE #

SIGNATURE OF LEGAL GUARDIAN OR CUSTODIAL PARENT PRINTED NAME OF LEGAL GUARDIAN OR CUSTODIAL PARENT HOME PHONE # DAYTIME PHONE #

SIGNATURE OF MEMBER PRINTED NAME OF MEMBER

On this _____ day of _____, 20_____, personally appeared

_____, _____, & _____
Known to me to be the person(s) who executed the foregoing release and acknowledged that he/she signed same as his/her free act and deed.

NOTARY PUBLIC _____ SEAL _____

EMERGENCY CONTACT:

NAME _____ FAMILY DOCTOR _____

PHONE _____ PHONE _____

RELATIONSHIP _____ INSURANCE COMPANY _____

POLICY # _____
