



National High School Rodeo Association Membership Application 2017-2018

(Please Print Clearly or Type and Fill In All Blanks)

STATE/PROVINCE SECRETARY USE ONLY NHSRA Membership #

Name: _____

Mailing Address: _____ Phone: (____) _____

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

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

Email Address: _____

State/Province Attending School In: _____ School Type: Public Private Home

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

Number of AQHA Registered Horses: _____ Number of Years in JH Division: 0 1 2 3

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

If you live in a different state than the one you are applying for, have you submitted a signed transfer form? Yes No

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

Check One: Rookie (1st year) Member Renewing Member

Dues and Fees Competing Member

NHSRA Dues, NHSRA Times, Western Horseman

and Insurance \$124.00 (U.S.) or \$65.00 (Foreign)

State/Province Dues \$ _____

Region/District Dues \$ _____

OR Associate Member (non competing) \$40.00 (U.S.) or \$65.00 (Foreign)

Total \$ _____

Type of Membership: <input type="radio"/> Competing <input type="radio"/> Associate
<small>Competing members are eligible to enter events at qualifying rodeos, compete for awards and scholarships and qualify for the NHSFR Associate members are not eligible to enter rodeos Both categories are eligible for additional benefits as may be currently offered</small>

Important – Please Initial
I understand that I receive a one-year subscription to Western Horseman magazine as a benefit of my NHSRA membership. Two dollars of my membership dues will be applied to this one-year subscription. Initial Here: _____

EVENTS

As a competing member, 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 any time this rodeo season.

Boys Events

- Tie-Down Roping
- Steer Wrestling
- Bareback Riding
- Saddle Bronc Riding
- Bull Riding
- Team Roping
- Cutting
- Reined Cow Horse

Girls Events

- Barrel Racing
- Pole Bending
- Queen Contest
- Goat Tying
- Breakaway Roping
- Team Roping
- Cutting
- Reined Cow Horse

If you are a new member, how did you learn about NHSRA?	
<input type="checkbox"/> Website	<input type="checkbox"/> Print Advertisement (Which Publication) _____
<input type="checkbox"/> Friend or Relative	
<input type="checkbox"/> Trade Show Booth	
<input type="checkbox"/> Membership Poster	<input type="checkbox"/> Other (Please List) _____
<input type="checkbox"/> Television Advertising	
<input type="checkbox"/> FFA/School Poster	
<input type="checkbox"/> Facebook or Social Media	

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 that National High School Rodeo Association. By applying for and receiving membership in the District/Region, State/Province and the 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 decision and rulings of the governing committees and boards of these associations.

Member's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

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

NATIONAL HIGH SCHOOL RODEO ASSOCIATION

(Please Print Clearly or Type and fill in all blanks)

Member's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ DOB: Month _____ Day _____ Year _____

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 TIME covering any statutory period in which a cause of action may accrue for minors or adults. 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 Print Clearly or Type Name of Natural Father

Signature of Natural Mother Print Clearly or Type Name of Natural Mother

Signature of Legal Guardian Print Clearly or Type Name of Legal Guardian

Signature of Member Print Clearly or Type Name of Member

On this _____ day of _____ 20_____, before me, personally appeared _____
Notary: List all Names Notorized

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.

ONTARIO HIGH SCHOOL RODEO ASSOCIATION

COMPETING MEMBERSHIP APPLICATION FORM 2017-2018

Name: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

E-mail: _____ Other Contact Number: _____ Sex: _____

Other E-mail address(es) for updates (ie Parents) _____

Health Card #: _____ Date of Birth (m/d/y): _____

Allergies: _____ Medical Conditions: _____

School: _____ Grade: _____

JUNIOR HIGH DIVISION _____ OR HIGH SCHOOL DIVISION _____ (CHECK 1 ONLY)

Are you a Rookie (1st year High School Rodeo) _____ Events: _____

RELEASE:

It is hereby agreed that if the Ontario High School Rodeo Association grants applicant a membership that the undersigned will accept full responsibility, release, discharge and covenant not to sue the OHSRA, student or adult members, clinicians, rodeo committees, stock contractors, rodeo associations, sponsors, arena operators or owners, and each of them, their officers, agents and employees or volunteers (all collectively referred to as "releasees") from all losses, injuries and damage that the applicant may suffer and receive; and also indemnify the releasees from all losses or damages the applicant may cause to other persons or property while participating in any rodeo or clinic. Competitor and family agree to abide by rules of the OHSRA and the NHSRA. Only on these conditions is membership accepted.

Signature of Applicant: _____

Signature of Mother: _____

Signature of Father: _____

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DECLARATION: (made before Notary Public or Commissioner of Oaths, Province of Ontario, Canada)

I (we) _____

(Names of applicant, parent(s)/guardian(s))

Do solemnly declare that I am (we are) the person(s) named in the foregoing instrument. And I (we) make this solemn declaration conscientiously believing the same to be true and knowing it is of the same force and effect as if made under oath and virtue of the *Canada Evidence Act*.

Declared before me at _____ in the Province of Ontario, this _____ day of _____, 201__.

Signature of Applicant

Signature of Mother/ Guardian

Signature of Father/Guardian

(Both parents are required to sign. Please give explanation if both signatures not obtained. Ie. Sole custody parent etc.)

Commissioner of Oaths/Notary Public

**TO COMPLETE MEMBERSHIP APPLICATION PLEASE ENSURE THE FOLLOWING
ARE ENCLOSED:**

1. Completed OHSRA Application Form(A Commissioner of Oaths must witness this form in Canada)
2. Completed NHSRA Membership Application Form – Either High School or Junior High (A Commissioner of Oaths must witness this form in Canada)
3. Minor’s Release, Assumption of Risk and Indemnity Agreement NHSRA form
4. Copy of latest school report card & Birth Certificate or Passport
5. Insurance Waiver for Minor Participant
6. Membership Fee of \$120.00 (this includes NHSRA membership which also entitles the member to NHSRA Times Subscription) made payable to “Ontario High School Rodeo Association.”
7. Sponsorship requirement of \$250 per member (to be submitted by February 1st 2016.)

Please initial beside each number above to indicate that all are submitted/understood.

I would prefer to receive news via _____e-mail _____snail mail _____ fax (check preference)

Complete and forward **ALL** forms to:

OHSRA
Shelby McEachern
022107 Erin-East Garafraxa Townline
East Garafraxa, Ontario L9W 7G4
Visit us on the web @ www.ohsra.ca
Or Facebook @ Ontario High School Rodeo Association

For Office Use Only

OHSRA/NHSRA NUMBER	BACK NUMBER	DATE RECEIVED	METHOD OF PAYMENT	RECEIVED BY	RULEBOOK GIVEN	SUBMITTED

ADULT WAIVER FOR MINOR PARTICIPANT

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE.**

PLEASE READ CAREFULLY!

In consideration for allowing my minor child/ward to participate in all related events and activities of Ontario High School Rodeo Association I hereby warrant and agree:

1. I am the parent/guardian having full legal responsibility for decisions regarding my minor child/ward, *namely* _____; and
2. I am familiar with and accept, on behalf of myself and my minor child/ward that there is the risk of serious injury and death in participation in any rodeo activity and in competitive list areas of help/participation _____ in particular; and
3. I have satisfied myself and believe that my minor child/ward is physically, emotionally and mentally able to participate in this program, and that his/her equipment is mechanically fit for his/her use in this program; and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward; and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the program.
6. I authorize Ontario High School Rodeo Association to consent to emergency medical treatment in accordance with the best interests of my minor child/ward, should I not be present at the relevant time to grant consent myself.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, HIS/HER HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures, of the program organizer, the program venue and any persons associated therewith or participating therein; and

- 2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may in the future have against Ontario High School Rodeo Association and its directors, officers, employees, guides and representatives, advertisers, other participants, sponsors (all of whom are collectively referred to as “the Releasees”) from any and all liability for any loss, damage, injury or expense that my minor child/ward may suffer, or that his/her next of kin may suffer as a result of his/her use of or presence at, the Rodeo, facilities, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT OR ANY OTHER RELEVANT STATUTES, on the part of the Releasees.
- 3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program; and
- 4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise.
- 5. AN ACKNOWLEDGMENT that I HAVE READ THIS DOCUMENT THOROUGHLY..

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY MINOR CHILD/WARD, HIS/HER HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I MAY HAVE AGAINST THE RELEASEES.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signature of Witness to Signature of Printed Name of Witness Parent/Guardian

Date

Age of Minor Child/Ward

Helmet Usage:

- 1) The NHSRA strongly suggests the wearing of CSA-approved helmets for rough stock riders.
- 2) The participant and the participant's parent / guardian are waiving the option to use the helmet.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signed this _____ day of _____, 20__

- 3) The participant and parent / guardian are assuming the risk for not wearing a helmet and will hold the insured harmless for any injuries sustained.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signed this _____ day of _____, 20__