



# **MEMBERSHIP APPLICATION**

MID-STATES RODEO ASSOCIATION, INC

[www.midstatesrodeo.com](http://www.midstatesrodeo.com)

Date \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Name: \_\_\_\_\_ Card No: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

Last 4 of SS# \_\_\_\_\_

**\*\*The attached Waiver and Release must be signed and dated to be a valid membership\*\***

**My Jacket (MENS)** size: \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ XLARGE \_\_\_ XXLARGE

**(Ladies)** size: \_\_\_ SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ XLARGE \_\_\_ XXLARGE

**ROOKIE:** \_\_\_ YES \_\_\_ NO \*To qualify for Rookie status, you must be a first time MSRA card holder and never won over \$1000.00 in any Rodeo Association while holding a card/permit in the Association.

### **EVENTS TO BE WORKED IN RODEO:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> BAREBACK        | <input type="checkbox"/> COWGIRLS BARREL RACING | <input type="checkbox"/> ARENA DIRECTOR     |
| <input type="checkbox"/> SADDLE BRONC    | <input type="checkbox"/> COWGIRLS BREAKAWAY     | <input type="checkbox"/> BULLFIGHTER        |
| <input type="checkbox"/> BULL RIDING     | <input type="checkbox"/> SECRETARY              | <input type="checkbox"/> BARRELMAN          |
| <input type="checkbox"/> STEER WRESTLING | <input type="checkbox"/> ANNOUNCER              | <input type="checkbox"/> CONTRACT ACT       |
| <input type="checkbox"/> TIE DOWN ROPING | <input type="checkbox"/> JUDGE                  | <input type="checkbox"/> SPECIALTY ACT      |
| <input type="checkbox"/> TEAM ROPING     | <input type="checkbox"/> PICKUP MAN             | <input type="checkbox"/> RANCH BRONC RIDING |
|  | <input type="checkbox"/> BACK UP TIMER          | <input type="checkbox"/> GOLD CARD          |

### **Please Specify:**

- |  |          |   |
|--|----------|---|
| <input type="checkbox"/> Season Permit:        | \$80.00  | New members only, no points given, Max of 2 season permits per person   |
| <input type="checkbox"/> New Membership:       | \$170.00 | <b>\$10 charge if bought at a Rodeo;</b>  |
| <input type="checkbox"/> Renewal:              | \$165.00 | <b>\$10 charge if bought at a Rodeo - Late Fee:</b> \$10 per month after March 1 <sup>st</sup> and/or 5 rodeos are published, maximum of \$30 |
| <input type="checkbox"/> Contractor Membership | \$250.00 |   |
| <input type="checkbox"/> Back up timer         | \$25.00  |   |
| <input type="checkbox"/> Personnel Day Permit  | \$80.00  | <i>One time permit for Pickup Men, Bullfighters, Barrel Man, Specialty Acts, Announcer and Judges</i>   |

**\*Memberships can be paid online with PayPal....Visit [midstatesrodeo.com](http://midstatesrodeo.com) for details\***

### **Send Application & Dues To:**

M.S.R.A. Office  
7108 W. Cadmus Rd  
Adrian, MI 49221

### **MAKE CHECKS PAYABLE TO:**

Mid-States Rodeo Association  
Questions? Please Call: 517-403-7356  
or Email: [sectreas@midstatesrodeo.com](mailto:sectreas@midstatesrodeo.com)



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Date \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_

I, \_\_\_\_\_, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge the Mid-States Rodeo Association, Inc and its agents, employees, officers, Directors, affiliates, successors, managers and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of or for the benefit of the Mid-States Rodeo Association, Inc provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that I will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to person property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claim for damages, injuries and death sustained to me or my property that I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with the Mid-States Rodeo Association, Inc including by not limited to competing in any and all rodeo events at the facility including but not limited to: Bull Riding, Saddle Bronc Riding, Bareback Riding, Tie Down Roping, Steer Wrestling, Breakaway Roping, Barrel Racing, Dally Team Roping, Ranch Bronc Riding etc. using the facility, field (indoor or outdoor), and its equipment in any manner, form or fashion, and practicing and/or engaging in rodeo activities or other related activities on and off the premises.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by on the premises of or for the benefit of the Mid-States Rodeo Association, Inc, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE, I understand and confirm that by signing the WAIVER AND RELEASE. I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

**For Members or Contestants 17 years of age or under:**

**\*This application must be signed by either parents or legal guardian, and notarized\***

Signature Parents or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

County \_\_\_\_\_ Acting in the County of: \_\_\_\_\_ My Commission: Expires: \_\_\_\_\_