

MEMBERSHIP APPLICATION

MID-STATES RODEO ASSOCIATION, INC www.midstatesrodeo.com

Date	
Recient #	

Name:	Card No:					
			City:			
State:Zip:	Phor	ne: ()		Date of Birth: _	//	!
Email address:						
Last 4 of SS#						
The attached W	Vaiver and Rel	ease must be si	igned and dat	ted to be a valid	membersh	ip
			3			T
My Jacket (MENS) size				XLARGE	XXLAR	.GE
(Ladies) size:	SMALL	MEDIUM	LARGE	XLARGE _	XXLAR	GE
<i>ROOKIE</i> :YES						and
never won over \$1000.00	0 in any Rodeo A	ssociation while h	nolding a card/p	ermit in the Associ	iation.	
	wen wanes					
EVENTS TO BE WORL			DEL DACIDIC	ADENIA DIDE	CTOD	
BAREBACK		OWGIRLS BARI				
SADDLE BRONC		OWGIRLS BREA	AKAWAY	BULLFIGHTE		
BULL RIDIN		ECRETARY		BARRELMAN		
STEER WRESTLING		NOUNCER		CONTRACT A		
TIE DOWN ROPING		JDGE		SPECIALTY A		
TEAM ROPING	PI	CKUP MAN		RANCH BRO	NC RIDING	*
Please Specify:						
Season Permit:	\$80.00 Ne	ew members only	no points giver	n, Max of 2 season	nermits ner	nerson
New Membership:		0 charge if bough		1, 171421 01 2 5045011	permits per	person
Renewal:				Late Fee: \$10 per	month after	
Renewar.				shed, maximum of		
Contractor Membe			caros are paoric		¥2 V	
Back up timer	\$25.00					
Personnel Day Peri		One time permit	for Pickun Men	, Bullfighters, Barr	rel Man.	
= 5125111151 2 33/ 1 611	400.00	Specialty Acts, A	-		 ,	
		, , , , , , , ,		O		

Memberships can be paid online with PayPal....Visit midstatesrodeo.com for details

Send Application & Dues To: M.S.R.A. Office

8540 Tomer Rd Clayton, MI 49235 MAKE CHECKS PAYABLE TO:

Mid-States Rodeo Association

Questions? Please Call: 419-466-1362 or Email: sectreas@midstatesrodeo.com

Mid-States Rodeo Association, Inc Waiver & Release

I HFF	REBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge the				
Mid-States Rodeo Association, Inc and its agents, employ Directors, affiliates, successors, managers and assigns, of action, lawsuits, damages and liabilities, of every kind an have, arising from or in any way related to my participation	yees, officers, and from any and all claims, demands, debts, contracts, expenses, causes of d nature, whether known or unknown, in law or equity, that I had or may on in any of the events or activities conducted by, on the premises of or for wided that this waiver of liability does not apply to any acts of gross				
bodily injury, damage to person property and/or death. O	re inherently dangerous and may cause serious or grievous injuries, including On behalf of myself, my heirs, assigns and next of kin, I waive all claim for erty that I may have against the aforementioned released party to such				
property associated with the Mid-States Rodeo Associati the facility including but not limited to: Bull Riding, Saddl Roping, Barrel Racing, Dally Team Roping, Ranch Bronc R manner, form or fashion, and practicing and/or engaging	lity and waive any claims of personal injury, death or damage to personal ion, Inc including by not limited to competing in any and all rodeo events at le Bronc Riding, Bareback Riding, Tie Down Roping, Steer Wrestling, Breakaway iding etc. using the facility, field (indoor or outdoor), and its equipment in any in rodeo activities or other related activities on and off the premises.				
	in full force and effect even after the termination of the activities conducted as Rodeo Association, Inc., whether by agreement, by operation of law, or				
WAIVER AND RELEASE. I have given up considerable futu duress or threat of duress, without inducement, promise	his WAIVER AND RELEASE, I understand and confirm that by signing the re legal rights. I have signed this Agreement freely, voluntarily, under no e or guarantee being communicated to me. My signature is proof of my YER AND RELEASE of all liability to the full extent of the law. I am 18 years of vaiver.				
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: Relationship to Applicant: Notary Public:	Phone: Date:				

_____My Commission:Expires:__

____Acting in the County of:_

County_