Card # \_\_\_\_\_\_\_

 (Please Print) Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_

 Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❑ Contestant Membership - New $ 200.00, includes 1 companion card

 ❑ Contestant Membership – Renewal $ 200.00, includes 1 companion card ❑ Rookie Permit (voting) $ 100.00, includes 1 companion card

 ❑ Associate Membership (non-voting) $ 50.00

 ❑ Day/Weekend Permit (non-voting) $ 50.00

 ❑ Local Entry (waiver only)

 RELEASE AND INDEMNITY (Must be signed as is or membership/entry will not be accepted) In consideration of the Canadian Wild Horse Race Association (CWHRA) accepting this, my entry, and granting to the undersigned the right to: enter upon their lands and premises, and/or ride their horses and/or participate in any rodeo or other activities provided, organized, or sponsored by CWHRA.

 **I ACKNOWLEDGE** that rodeos are dangerous activities and that participation in a rodeo as a competitor, an independent contractor or volunteer exposes the participant to a substantial and serious risk of property damage, personal injury, or death. CWHRA members acknowledge that participation in CWHRA events will expose said member to substantial and risk of property damage and/or personal injury or death. The participant releases the CWHRA, sponsors and CWHRA sanctioned rodeo production entity and the officers, directors, employees, agents and affiliates of such entity or organization from liability for any and all property damage, personal injury or other claims arising from participation in CWHRA sanctioned events including claims that future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the before mentioned arising out of or related to the actions, causes of actions, claims and demands hereby waived, released or discharged by the CWHRA member. This provision shall be binding upon the CWHRA member, his or her spouse, legal representatives, heirs, successors and assigns. I, THE UNDERSIGNED, for myself, my heirs, executors, administrators and assigns, hereby release from liability, forever discharge and waive any and all actions, cause of action, claims of damage (whether personal injury, death, illness, ambulance services, property damage and/or property loss), including claims for negligence, which I may have as a result of or arising from or in connection with my presence on their lands and premises and/or my participation in any rodeo or other activities provided, organized or sponsored by the CWHRA against the following: Canadian Wild Horse Race Association, it’s directors, officer agents, their employees and agents; and other participants in any rodeo.

 Initials\_\_\_\_\_\_\_\_\_\_

I FURTHER AGREE that it is acceptable to release my personal information (phone numbers) to other members of the Canadian Wild Horse Racing Association under the Freedom of Information and Privacy Act. (F.O.I.P)

Initials\_\_\_\_\_\_\_\_\_\_

 I FURTHER AGREE in indemnify and save harmless the CWHRA, it’s directors, officers, agents and employees; rodeo organizers and volunteers assisting them; their employees and agents; and other participants in any rodeo from all actions, damages, debts, claims and demands which may hereinafter be brought against them or any of them as a result of my presence on the lands and premises used by the CWHRA and/or my participation in any rodeo or other activities provided, organized or sponsored by the CWHRA. I FULLY UNDERSTAND that participating as a contestant or worker in a rodeo is a potentially dangerous activity and that there are risks (both known and unknown) inherent in such participation and I have executed this application and assumed any and all risks associated with my presence in the CWHRA, and/or my participation in any rodeo or other activities provide, organized or sponsored by the CWHRA of my own free will and accord. The terms of this release and indemnity are severable and the invalidity of any one or more clauses in this Release and Indemnity shall not affect the other clause. I acknowledge that I have read this document in its entirety and that I understand and agree to be bound by its terms. I ALSO ACKNOWLEDGE, that I have read the CWHRA RULES AND REGULATIONS and understand them, and will follow them as long as I am associated with any CWHRA event. I DO SOLEMNLY AGREE TO ABIDE BY ALL CWHRA RULES AND REGULATIONS DURING THE TIME THAT I AM A MEMBER OF THE CANADIAN WILD HORSE RACE ASSOCIATION.

**Dated this \_\_\_\_\_\_\_\_\_day of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **20**\_\_\_, **in**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant AND/OR Parent/Guardian if under age 18 X**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print name** **Print Name**

I am a Canadian Citizen of Canada in the province of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

 I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do solemnly declare that I am the person named in the foregoing application, and make this solemn declaration conscientiously believing the name to be true and know it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

**DECLARED AT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_on this \_\_\_\_\_\_\_\_\_day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_.

 X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

of Applicant Commissioner of Oaths Stamp X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_