

Professional Rodeo Cowboys Association Membership Application



This form must be filled out completely, signed, notarized and filed with the Professional Rodeo Cowboys Association (PRCA), 101 Pro Rodeo Drive, Colorado Springs, CO 80919, before a membership card can be issued. Applicants must be at least 18 years old or older to qualify for membership. Application and dues must be received in the PRCA office three days prior to entry opening of a specific rodeo.

Contestant Card Members and Permit Members must designate a circuit at the time of application. If no circuit designation is made, a Contestant Card Member's or Permit Member's designated circuit will be the circuit in which his mailing address as listed on this application is located. A stock contractor may select his designated circuit at the time of payment of dues (refer to Bylaw B9.3.2 for effect on Circuit Finals Rodeo qualifications). A contract personnel member's opportunity to work at a Circuit Finals Rodeo will not be affected by his circuit designation. A rodeo committee's designated circuit will be the circuit in which the rodeo committee's rodeo is geographically located.

Information – Please print

Country of citizenship _____

Name _____
Last First Middle

Street address _____

City _____ State _____ Zip _____

Social Security number _____ Date of birth _____

Phone number (____) _____ - _____ Cell phone number (____) _____ - _____

E-mail _____ Nickname _____

Events worked SB ____ BB ____ BR ____ TD ____ SW ____ TR ____ SR ____ Circuit designation _____

SR only, 2nd Circuit: BL CR P MS MT TX TQ (Circle one, Primary Circuit must not have SRCFR)

Life insurance beneficiary _____
Name Relationship

_____ Address _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Enclose check, cash, or money order, or complete and sign below for charge payment.

CHECK ONE: Visa ____ MasterCard ____ Discover ____

Card number _____ Expires _____

Signature _____

Hall of Fame donation _____ Total amount enclosed _____

Send to: Professional Rodeo Cowboys Association, 101 Pro Rodeo Drive, Colorado Springs, CO 80919

OFFICE USE ONLY

Dues \$ _____

Initiation fee \$ _____

Other \$ _____

Total \$ _____

PLEASE READ AND SIGN THE OTHER SIDE OF THIS PAGE

B1.2.4 Assumption of Risk and Release of Liability. THIS IS A RELEASE OF LIABILITY. BY BECOMING A MEMBER OF THE PRCA, YOU ARE AGREEING TO RELEASE THE PRCA AND OTHER PARTIES FROM LIABILITY. PLEASE READ THIS PROVISION CAREFULLY.

Members acknowledge that rodeo events, including PRCA-sanctioned events, are inherently dangerous activities. Members further acknowledge that participation in a PRCA-sanctioned event (whether as a competitor, independent contractor, official, laborer, volunteer or observer) exposes the participant to substantial and serious hazards and risks of property damage, personal injury and/or death. Each Member, in consideration of his membership in the PRCA and his being permitted to participate in a PRCA- sanctioned event in any capacity, does by such membership and participation agree to assume such hazards and risks.

Each Member further agrees to discharge, waive, release and covenant not to sue PRCA, PRCA Properties ("PRCAP"), all PRCA sponsors, all Members (including, without limitation, contestants, stock contractors, Rodeo Committees, Rodeo Producers and Contract Personnel), and any other PRCA- sanctioned event production entity (and each party's respective officers, directors, employees and agents), from all claims, demands and liabilities for any and all property damage, personal injury and/or death arising from such Member's participation in a PRCA-sanctioned event. This discharge, waiver and release includes claims, demands and liabilities that are known or unknown, foreseen or unforeseen, future or contingent, and includes claims, demands, and liabilities arising out of the negligence of the parties so released by such Member. Furthermore, where permitted by applicable law, this discharge, waiver and release also includes claims, demands and liabilities arising out of the gross negligence or willful and wanton negligence of the parties so released. This discharge, waiver and release also includes claims, demands, and liabilities by a Member for indemnities and contributions arising from property damage, personal injury and/or death to a third party. In the event that any provision of this discharge, waiver and release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this discharge, waiver and release had been executed with the invalid provision eliminated.

The undertakings and covenants of the foregoing provisions shall be binding upon each Member, his or her heirs, legal representatives, successors, and assigns.

B2.1.2 Indemnification. Each Member (including, without limitation, contestants, stock contractors, Rodeo Committees, Rodeo Producers and Contract Personnel) agrees to indemnify and save and hold harmless PRCA, PRCAP and all PRCA sponsors from any and all claims, demands and liabilities for any and all property damage, personal injury and/or death asserted by a third party (defined as any party other than the Member , PRCA, PRCAP or a PRCA sponsor) and arising from such Member's participation in a PRCA-sanctioned event.

You agree and understand that any winnings you may receive from Rodeos will be paid to you through PRCA RodeoPay and your personal information may be shared with a third party provider of the PRCA's choosing to provide these and other financial services.

I, _____ (name of applicant), swear that the information stated above is true and accurate. I hereby agree to become familiar with the Bylaws and Official Rodeo Rules of, and any other rules adopted by, the PRCA, and I agree to comply with and be bound by the same. This includes Bylaws B2.0.1.1 and B2.0.1.2, which prohibit PRCA members, myself included, from being an officer, board member, employee or having an ownership or financial interest of any form in a Conflicting Rodeo Association. I understand that this prohibition on ownership and/or financial interests applies to any transfer to or equitable holding of such interests on my behalf to and including the third level of consanguinity of my family or any other entity or mechanism meant to hold such interests on my behalf in any manner. I also grant to the PRCA the right to request and receive documentation confirming my status regarding a Conflicting Rodeo Association and to publish such documentation and this affirmation that I am not an officer, board member, employee and do not have an ownership or financial interest of any form in a Conflicting Rodeo Association. If your PRCA application is approved but your status regarding a Conflicting Rodeo Organization subsequently changes, the PRCA reserves the right to revoke your PRCA membership at any time.

I further agree, as part of my agreement to comply with and be bound by the PRCA Bylaws, Official Rodeo Rules and other rules adopted by the PRCA, to the terms of Bylaws B2.1.1 and B2.1.2, the text of which is reprinted above. I also agree to comply with and be bound by any Rules and Regulations of the Professional Rodeo Cowboys Association Properties. I also agree to comply with and be bound by any rules and regulations of the adoption of the safe sport policy by the board of directors.

Date

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

State of _____

Notary Public

City & county of _____

My commission expires

Consent for Treatment and Authorization for Release of Information

This Consent for Treatment and Authorization for Release of Protected Health Information is provided on behalf of the Justin Sportsmedicine Program (J2 Medical LLC).

- YOU HAVE THE RIGHT TO INSPECT, COPY AND/OR AMEND INFORMATION TO BE USED OR DISCLOSED.
- YOU MAY REFUSE TO SIGN THIS FORM, HOWEVER IT MAY PREVENT THE JUSTIN SPORTSMEDICINE PROGRAM FROM COMPLETING A TASK YOU HAVE REQUESTED.
- WE WILL PROVIDE YOU WITH A COPY OF THIS AUTHORIZATION FORM UPON REQUEST.

This Authorization Is Voluntary

I hereby grant permission to the Staff of the Justin Sportsmedicine Program to evaluate and treat any injury/illness that occurs as a result of my participation in PRCA Rodeos. This includes any and all reasonable and necessary preventative care, first aid, treatment, rehabilitation or emergency treatment I also hereby grant permission to the Justin Sportsmedicine Program team physicians and/or their consulting physicians to render treatment or medical care that they deem necessary for my health and wellbeing. This authorization expires one (1) year from the date signed. This consent can be withdrawn at any time, by the Member, in writing.

I do hereby authorize the Justin Sportsmedicine Program to obtain, use, disclose or receive my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that information released under this authorization may be redisclosed by the recipient of the information and may no longer be protected by state and federal law.

The I hereby authorize the Justin Sportsmedicine Program to release my medical information and related information regarding my physical condition or regarding any injury, illness or condition that I sustain due to my involvement in activities at PRCA rodeos, to my traveling partner, rodeo judge, administrative staff of the Justin Sportsmedicine Program, PRCA, family member for purposes of enhancing my safety in connection with my participation in rodeo-related activities and to establish open lines of communication regarding my medical condition and status. I understand this information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information.

I understand that I may withdraw my authorization in writing to the Justin Sportsmedicine Program at any time, except to the extent that action has been taken in reliance on this statement. I understand that even if I do not withdraw authorization that this statement will expire upon the completion of my participation in PRCA events. I have carefully read and understand the above and do hereby expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Member's Name (print):

Date of Birth:

Address:

Signature:

Date: