

Professional Rodeo Cowboys Association

101 Pro Rodeo Drive, Colorado Springs, CO 80919 Telephone (719) 593-8840

IT IS TIME TO RENEW YOUR PRCA MEMBERSHIP FOR 2024! FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS BY THE REQUIRED DEADLINE WILL RESULT IN IMMEDIATE INELIGIBILITY UPON THE EXPIRATION OF THE 30-DAY SUBMISSION PERIOD.

- 1. Contestant dues and insurance must be received at PRCA National Headquarters no later than three PRCA National Headquarters business days prior to entry opening time of any rodeo you wish to enter, this includes Gold Card holders.
- 2. No one will be allowed to participate in any rodeo with competition scheduled on or after Jan. 1, 2024, if 2024 dues are not paid
- 3. Contestant Card Members and Permit Members <u>must</u> designate a circuit at time of renewal. 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 qualification.) 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.
- 4. This form must be completed, signed and returned to the PRCA National Headquarters within 30 calendar days from the date membership renewal payment is received by the PRCA National Headquarters. Failure to submit all required documents by the required deadline will result in immediate ineligibility upon the expiration of the 30-day submission period.

CIRCUIT	SR only, 2nd Circuit: BL C	
***IF NOT COMPLETED, WILL BE DETERMINED BASED ON MAILING ADDRESS*	** (Circle one, Primary Circuit	must not have SRCFR)
FOR CORRECTIONS & AD (If the above information is incorrect please enter the co	DDED INFORMATION rrect information in the space provided below)	
NAME	WEB SITE	
ADDRESS	PHONE #	
	CELL PHONE #	
CITY, STATE, ZIP		
COUNTRY OF CITIZENSHIP (must be completed)		
NICKNAME	BIRTH DATE	
CARD TYPE		
	NOTICE: Gold Card members who do only to sign this document and return	
	Hall of Fame donation	\$
	Total amount	
FORM OF PAYMENT	NAME AND ADDRESS OF LIFE	E INSURANCE BENEFICIARY
Enclose check or money order for dues as scheduled, or complete and sign below for charge payment:	Name	
CHECK ONE: Visa MasterCard Discover	Address	
Card number		
Expires Signature	Relationship	
Emergency Contact Name:	Emergency Contact Phone Number:	

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.

	(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 s	ame.
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	r financial interest of any form in a Conflicting Rodeo Association. I understand that this
prohibition on ownership and/or finar	ncial interests applies to any transfer to or equitable holding of such interests on my behalf
to and including the third level of co	nsanguinity 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 Roden Association and	to publish such documentation and this affirmation that I am not an officer, board member,
employee and do not have an ownersh	nip or financial interest of any form in a Conflicting Rodeo Association. If your PRCA application
is approved but your status renarding	a Conflicting Rodeo Organization subsequently changes, the PRCA reserves the right to revoke
your PRCA membership at any time.	a commoning mades organization and a community
	nest to comply with and he hound by the PRCA Rylaws Official Rodeo Rules and other rules

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.

Signature	Card number	Date	
Signature	oura mannos	/ /=	

(Rev. October 2018)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Internal	Revenue Se			V/FOITIVE TOT ITSUU		st illioithation.	
	1 Name (a	s shown on your in	ncome tax return). Name is re	quired on this line; do no	ot leave this line blank.		
	2 Busines	s name/disregarde	d entity name, if different from	n above			
e. ns on page 3.	following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC				Exempt payee code (if any)		
충			y. Enter the tax classification				
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)			
ecii	Othe	er (see instructions)	>				(Applies to accounts maintained outside the U.S.)
See Sp	5 Address	s (number, street, a	and apt. or suite no.) See instr	ructions		Requester's name a	and address (optional)
S	6 City, sta	ate, and ZIP code					
	7 List acc	ount number(s) her	e (optional)				
			entification Number			Total	
Enter	your TIN i	n the appropriate	box. The TIN provided nulls, this is generally your	nust match the name	given on line 1 to av	OIG	curity number
reside	ent alien, s	ole proprietor, or	r disregarded entity, see ti tification number (EIN). If y	he instructions for Pa	rt I, later. For other		
TIN, I	ater.					or	
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Nam Number To Give the Requester</i> for guidelines on whose number to enter.		ilso see What Name	and Employer	identification number			
Numt	oer To Give	e the Requester f	or guidelines on whose h	umber to enter.			-
Par	t II	Certification					
		of perjury, I cert					
2. I a	m not <mark>sub</mark> rvice (IRS)	act to backup wi	t to backup withholding a	m exempt from back	up withholding, or (b) I have not been r	sued to me); and notified by the Internal Revenue the IRS has notified me that I am
			S. person (defined below)				
			n this form (if any) indicat				
you h	ave failed	to report all interes	st and dividends on your ta	ax return. For real estate on of debt. contribution	te transactions, item : is to an individual reti	2 does not apply. For rement arrangemen	oject to backup withholding because or mortgage interest paid, it (IRA), and generally, payments the instructions for Part II, later.
Sigr Her	U.g.	nature of . person ►				Date ►	
Ge	neral	Instruction	ons		• Form 1099-DIV (d	ividends, including	those from stocks or mutual

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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 PROGRAMFROM 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 Proogram 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: