

WORLD SENIOR PRO BULL RIDING ASSOCIATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name:

Date of birth:

Home Phone:

Cell Phone:

Address:

City:

State:

ZIP Code:

Emergency Contact Name & Phone Number:

AGREEMENT

ACKNOWLEDGEMENT OF RISK: The undersigned acknowledges that Rodeos are dangerous activities and that participation in a Rodeo (Bull Riding) as a Contestant, Spectator, Employee, or Volunteer exposes the participant to a substantial and serious risk of property damage, personal injury, or death. The undersigned expressly acknowledges that his/her participation in the Rodeo will involve such a hazard.

RELEASE OF SPONSORS: The undersigned, being fully aware that participation in the Rodeo will expose him/her to substantial and serious risk of property damage and/or personal injury or death, hereby releases all Sponsors from Liability for any and all property damage, personal injury or other claims arising from the undersigned's participation in the Rodeo, including those that are known and unknown, foreseen and unforeseen, future or contingent.

COVENANT NOT TO SUE: The undersigned covenants that the undersigned shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit, or other proceedings against the WSPBR, Stock Contractors, Sponsors (or their officers, directors, employees, agents or affiliates) concerning, arising out of, or related to the actions, causes of actions, claims and demands hereby waived, released or discharged by the undersigned.

ASSURANCE: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release.

BINDING EFFECT: This release shall be binding upon the Undersigned and the Undersigned's Spouse, legal representatives, heirs, successors and assigns.

SIGNATURES

THIS RELEASE HAS BEEN CAREFULLY READ BY THE UNDERSIGNED AND THE UNDERSIGNED FULLY UNDERSTANDS ITS TERMS AND CONDITIONS AND HAS VOLUNTARILY EXECUTED AND DELIVERS THIS RELEASE AS OF THE _____ DAY OF _____ YEAR _____.

Signature of participant:

Date:

Signature of Rodeo Official

Date:

**WORLD SENIOR PRO BULL RIDING ASSOCIATION
MEMBERSHIP APPLICATION**

WSPBR BIOGRAPHY

Print Name:

Age:

of Years Riding:

Accomplishments (Life, Bull Riding, Awards, etc.):

Hobbies: