

# Northwest Ranch Cowboys Rodeo Association

IMPORTANT - Please check:		
<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	<input type="checkbox"/> I hold/have held a Pro Card

Mail Application to:  
**NRCA**  
11921 SD Hwy. 79 Prairie City, SD 57649

## STATEMENT AND RELEASE

**\*\*THIS FORM MUST BE COMPLETED, SIGNED,** and on file with the NRCA before applicant may be issued a membership card!

I \_\_\_\_\_ hereby make application for membership in the Northwest Ranch Cowboys Rodeo Association (NRCA). I certify that **I am** a U.S. citizen and a bonafide resident of one of the following states (Montana, Nebraska, North Dakota, South Dakota, Wyoming). If I **am not** a bonafide resident of the before mentioned states, I understand that it is my responsibility to inform and provide the NRCA with proof of residency should I become a resident. Points for awards will not accumulate until proof of residency has been established.

I \_\_\_\_\_ also agree, in consideration for my acceptance as a member, to release and forever discharge the NRCA, its officers, agents, employees, helpers, and sponsors from any claim for injury to my person or property, resulting from participation in any rodeo. I acknowledge that I am aware that rodeo is a dangerous sport and that serious injuries do occur. I further acknowledge that I have read these statements, understand their content and certify my compliance by my signature below.

## SIGNATURE \_\_\_\_\_

**Applicant Address \*\*\*\*IMPORTANT - Please fill in completely**

Date \_\_\_\_\_

Name \_\_\_\_\_ Street Address or Box No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age if under 21 \_\_\_\_\_

Events Competing In \_\_\_\_\_ **HEADER or HEELER** (Circle)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ Email: \_\_\_\_\_

**Do you qualify for rookie?** - "First year NRCA card holders who have not held a PRCA, WPRA or PBR card and are under the age of 21 years." **Yes** or **No** (Circle one).

### **\*\*Complete below only if applicant is a minor--must be notarized**

I declare that I am one of the parents and/or guardian of the above named minor; that I have carefully read the foregoing statement and release; that I know the representations made are true and that I agree to be bound by the terms of the statement and release both personally and as representative of the interest of the minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_ Date Commission Expires \_\_\_\_\_

**All Memberships are \$100**  
**First year members CASH (Cashiers Check or Money Order)**  
**Make checks payable to NRCA**