



**Oklahoma High School Rodeo Association
Membership Form 2019-2020**

NAME: Last _____ First _____ Middle _____

Birthday _____ Grade _____ Years in OHSRA (include this year) _____

Address-Mailing _____

City _____ State _____ Zip _____

Contestant's Cell _____ (CIRCLE) (Name of)
Public or Private or Homeschool _____

Mother's name _____ Mother's cell _____

Father's name _____ Father's cell _____

Email address _____

AMOUNT DUE: \$149.00 (includes both state and national dues)

T-shirt size _____ Cinch Button Shirt _____

-In consideration of the membership dues submitted with this application, the undersigned Applicant, with approval of his/her parent's or guardian, request membership in the OHSRA and agree to abide by the rules of the National High School Rodeo Association and the OHSRA

-The OHSRA may use the Applicant's name, appearance, likeness, voice, biographical information and any material supplied by Applicant and any film or video of the Applicant taken by OHSRA or its assigns, for the purposes of advertising, publicity, marketing and sales promotion related to the OHSRA or its events.

-The undersigned further expressly acknowledge that participation in rodeo events and presence in contestant parking areas, competition arena, warm up areas, chutes, loading zones, and other areas where one is near horses, livestock, machines, equipment and other dangerous conditions exposes the undersigned to substantial and serious hazards and risks of property damage, personal injury and death (The "Risks"). The undersigned agree to assume such hazards and risks and hold the OHSRA and their directors, personal, contractors, agents and representatives (The "Released Parties") harmless from any damage, injury or death suffered by the undersigned as a result of such Risks. The undersigned further agree to discharge, waive, release and covenant not to sue the Released Parties from all claims, demands and liabilities, whether known, unknown, foreseen or unforeseen, future or contingent, for any and all property damage, personal injury or death arising from or relating to the Risks.

Signature of Parent/Guardian _____

& _____ Date _____

(This application must be signed by both parents or legal guardian)

Signature of Applicant _____ Date _____

Please return this with all other membership forms. Thank You.

Mail all forms to: OHSRA, c/o Kelli Harmon, 11222 S. Cemetery Rd., Mustang, OK 73064