



**Oklahoma High School Rodeo Association  
Membership Form 2022-2023**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Shirt Size \_\_\_\_\_ Grade \_\_\_\_\_ Years in OHSRA (Include this year) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Contestant's Cell (We MUST Have) \_\_\_\_\_ Email address \_\_\_\_\_

Name of School Attending \_\_\_\_\_ Please Circle: Public- Private- Homeschool

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

-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.

**Printed** Name of Parents \_\_\_\_\_ & \_\_\_\_\_

**Signature** of Parent/Guardian \_\_\_\_\_ & \_\_\_\_\_  
(must be signed by parent or legal guardian)

**Signature** of member \_\_\_\_\_ Date \_\_\_\_\_

Total Amount Due: \$149.00 (Includes both States dues \$25 and National dues \$124) Must be paid at NHSRA.COM