

BACK NUMBER

Southern Association Youth Rodeo, LLC
Membership Application 2024

Special Needs: _____
1st Year Rookie: _____
Family Member: _____

Please PRINT Clearly

Name: _____ Gender: Male _____ Female _____

Date of Birth: Month _____ Day _____ Year _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____ Phone: (_____) _____

Sponsor: _____ Amount: _____

Type: Membership (\$250+) Membership/Raffle Tickets (\$500) Stock Fee (\$500) event _____

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Type: Membership (\$250+) Membership/Raffle Tickets (\$500) Stock Fee (\$500) event _____

All Contestants (unless **members in 2023) must bring proof of age to first rodeo**

(birth certificate, learner's permit, driver's license, passport)

READ AND SIGN BELOW:

We certify that the information supplied in the application is true and correct to the best of our knowledge and belief and that the participant applying for membership meets the qualifications and criteria for membership in the Southern Association Youth Rodeo, LLC.

[] (initial here) By applying for and receiving membership in the Southern Association Youth Rodeo, LLC, we hereby agree to read, review, and follow all rules and guidelines set forth by the Southern Association Youth Rodeo, LLC in the 2024 SAYR Rule Book and to abide by all decisions and rulings of the governing committees and board of these associations.

[] (initial here) I understand that raffle tickets (25) must be sold and tickets and money turned in by **June 15, 2024** to qualify for Finals. **Late raffle tickets/money will be accepted but are subject to a late fee of \$200 per child. Absolutely NO raffle tickets will be accepted after July 13, 2024.** I also understand that for a member to qualify for Finals, that **someone** (the member, a family member, or other representative) **must work one event for one rodeo for each** member qualifying for Finals. A volunteer card **must** be turned in for volunteer time to count.

[] (initial here) I do hereby grant permission to Southern Association Youth Rodeo, LLC to use the image of me or my child (if member is a minor) for promotional purposes in print, on the internet, and on social media.

[] (initial here) I understand that it is MY responsibility to read the Southern Association Youth Rodeo, LLC 2024 rule book and to know the general rodeo rules, as well as the rules for each event in which a member of my family competes.

Member/Parent/Guardian Signature: _____

Date: _____

***** PARENT AND/OR GUARDIAN MUST SIGN APPLICATION IF MEMBER IS UNDER 18 YEARS OLD! *****

West Ga Jr Rodeo Association DBA Southern Association Youth Rodeo, LLC, hereby known as WGJR and SAYR:

*I agree that I, the undersigned, do for myself or on the behalf of my child, spouse, or legal ward, hereby voluntarily participate in the above stated event, and that I/we participate in this event totally at our own risk for injuries or property damage we may incur in relation to this event. _____ (initial)

*I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the premises where this event is held. _____(initial)

LIABILITY RELEASE: I agree that I hereby, for myself, my family members, my heirs, administrators, personal representatives and assigns, do agree to hold harmless, release and discharge WGJR DBA SAYR, its owners, agents, employees, officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurers and others acting on its behalf, of all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated, due to WGJR DBA SAYR's gross negligence; and do further agree that I shall bring no claims, demands, legal actions and causes of action, against them and their associates as stated above in this clause for any economic and non-economic losses due to bodily injury, death or property damage, sustained by me and/or my minor child, children or legal ward, in relation to the premises and operations of the WGJR DBA SAYR, to include but not limited to, while riding, handling, or otherwise being near horses or other equine species or livestock. _____ (initial)

Simple Language: The sport of rodeo is dangerous. Every event has the possibility to cause injury or death. I understand that I, my child or legal ward could be seriously injury or die by participating. It is with this understanding that I agree that I, as a participant, parent or legal guardian are completely responsible for any injury or death. I, as a participant, parent or legal guardian WILL NOT hold anyone but myself responsible or liable for injury or death at any WGJR DBA SAYR rodeo, clinic or function. _____ (initial)

MEDICAL TRANSPORT: I understand that I am being informed that emergency transport may not be on the rodeo grounds at all times during a rodeo performance. EMT, paramedic and/or transport will be called upon should the need arise. Flight for Life should be available if any life-threatening injury occurs. Persons with experience in CPR will be on the grounds. This we would like for all members to be aware of. Knowing this; you fully release WGJR DBA SAYR, its members and associates, the property owners of all rodeo arenas, and its associates from any liabilities for the 2024 rodeo season. You compete in this rodeo under your own free will knowing the above.

WGJR DBA SAYR suggests that all riders under the age of sixteen (16) wear a protective helmet in all riding events for safety.

All riders and participants are responsible to have required safety equipment as required in the rulebook I have read the above information and notice regarding headgear, required equipment and medical transport and understand fully. _____ (initial)

Name of participant(s): _____

Each Parent or Legal Guardian of the minor Participant under 18 years old listed above must sign below. I, UNDERSTAND, BEING OF LEGAL AGE, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE WAIVER.

DATED ON: _____, 2024

SIGNATURE OF PARENT /LEGAL, COURT-APPOINTED GUARDIAN/PARTICIPANT(s):

Phone # _____

NAME of ALL family participants: _____

This Release and Waiver was signed before me on _____, 2024.

NOTARY PUBLIC: _____ **MY COMMISSION EXPIRES:** _____