**2025 DECLARATION FORM**

It is understood that to qualify for the National Finals show, a member must compete in a minimum number of 6 sanctioned CTCPA shows. These shows may have been in their local association or other sanctioned associations as long as the "qualifying minimum" number of shows has been achieved. Membership in all sanctioned associations where the individual has competed will be required. All members MUST be a member in good standing of both their local and Canadian Associations in order to compete at the National Finals show.

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| **SHOW LOCATION** |
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| **1)** |
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| **2)** |
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| **3)** |
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| **4)** |
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| **5)** |
|  |
| **6)** |

**SHOW DATE**

**HOST ASSOCIATION**

**AFFLIATE MEMBER LIABILITY RELEASE & WAIVER FORM**

I, the undersigned, acknowledge that competition through the Canadian Team Cattle Penning Association involves an inherent risk of injury and accordingly, hereby release the Canadian Team Cattle Penning Association and its officers, members, agents, employees, representatives or any of them from all claims, demands, or action or cause of action, of any kind of nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, my heirs, representatives of dependents, on account of or by property, animate or inanimate, belonging to me or used by me because of any matter, thing or condition, negligence or default, whatsoever and I/We hereby assume and accept the full risk of danger or any hurt, injury, or damage which may occur through or by any reason or

any matter, thing, or condition, negligence or default, or any person whatsoever.

|  |  |
| --- | --- |
| **NAME** | **ADDRESS** |
| (Please Print)**EMAIL** | (Mailing Address)**CITY/PROVINCE** |

**PLEASE INCLUDE CURRENT EMAIL ADDRESS**

**PHONE MEMBER SIGNATURE**

(Include Postal Code)

(After having read the above "Declaration, Release & Waiver")

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| **COMPLETE FOR MINORS:****PARENT/GUARDIAN SIGNATURE PARENT GUARDIAN NAME** |
| (After having read the above "Declaration, Release & Waiver")**ON BEHALF OF DOB** |  | (Please Print)**DATE** |

(Name of Minor - Please Print)