

☐ 2025 Membership

☐ Permit Only

☐ Minor Release Only

## 2025 Membership Application



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please Check All That Apply: **\$150:** ☐ Producer\* ☐ Bull Rider ☐ Stock Contractor\*

**\$100:** ☐ Barrel Racer ☐ Bull Fighter\* ☐ Barrel Man\* ☐ Announcer\*

**\$ 50:** ☐ Judge\* ☐ Secretary\* ☐ Timer\* ☐ Photographer\*  
☐ Drag Out\* ☐ Arena Labor\* (Latch/Exit/Strip) ☐ Specialty Act\*

\*Must be a GLCBRA member to be eligible to work 2025 finals and/or to be nominated for year-end awards when applicable.

**Coat Size:** \_\_\_\_\_ **Rookie:** \_\_\_\_\_ YES \_\_\_\_\_ NO (First Year GLCBRA Members Only.)

**Payment Method for Membership ONLY** (circle one) Cash, Check, Money Order Credit/Debit Card (Please Note a \$5 service charge will be added to all credit/debit card transactions) Make checks payable to Great Lakes CBRA.

Name on card (please print) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ X \_\_\_\_\_

**Release of Liability:** I, \_\_\_\_\_ as a member of the Great Lakes Championship Bull Riding Association (GLCBRA), hereby acknowledge that bull riding, barrel racing, and rodeo events are dangerous activities and that participation in such events as a competitor, an independent contractor, or a volunteer, exposes the participant to a substantial and serious risk or property damage, personal injury, or death. It is specifically acknowledged that participation in a GLCBRA sanctioned event will involve such a hazard. Being fully aware that participation in GLCBRA sanctioned events will expose me to substantial and serious risk or property damage and/or personal injury or death, I hereby release the GLCBRA sanctioned event, production entity, their affiliated, related or subsidiary companies and the officers, directors, employees, sponsors, and agents of each entity or organization from liability for any and all property damage, personal injuries, or to the claims arising from participation in GLCBRA sanctioned event, including claims which are known and unknown, foreseen, future or contingent. I agree that I shall not, now or at any time in the future, directly or indirectly commence or prosecute any action suit or other proceedings against the before mentioned arising out of or related to the action, causes of action, claims and demands upon me, my spouse, legal representatives, heirs, successors, and assignees.

Member or Parent\*\* Signature X \_\_\_\_\_

\*\*If under 18: Parent releases the above minor to participate in the above sport with their consent. Minors must have notarized parent signature (Below).

### Parental Consent to Participate:

Now on this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_; \_\_\_\_\_ (Name) has personally appeared before me, a notary public in the State of \_\_\_\_\_ County of \_\_\_\_\_, and appears to me to be the identical person who signed the above release and acknowledged the execution thereof to be a voluntary act and deed.

NOTARY PUBLIC \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

