Arkansas Little Britches Rodeo Association

Membership Form 2016-2017

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NLBRA Back Number: \_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NLBRA Back Number: \_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NLBRA Back Number: \_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_\_

Contact Phone Number: (\_\_\_) \_\_\_-\_\_\_\_ ()Home ()Cell ()Work Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, hereby acknowledge there are inherent risks in Arkansas Little Britches Rodeo Association (ALBRA) rodeo, and the arena Owner and the ALBRA has posted and maintained signs which contain the Warning Notice setting forth: **UNDER ARKANSAS LAW, AN EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES.**

By my signature below, I agree to assume all risks of the activity. MY/OUR participation in the rodeo is purely voluntary, and I assume full responsibility for me and my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expense thereof, as a result of the accident which may occur while I/WE participate in the ALBRA rodeos.

I, hereby release ALBRA, any rodeo arena owner, riding club, and stock contractor, it’s principals, directors, officers, agents, employees, volunteers, their insurers and each and every land owner for which the activity is conducted and their insurers, if any, (collectively “Releases”) from any and all liabilities for any nature for any or all injury or damage, including death to me or MY/OUR participation in the ALBRA rodeo.

The membership of the ALBRA is $100 per member. Our new year starts August 1.

**A RELEASE FOR EACH MEMBER OR FAMILY MUST BE ACQUIRED BEFORE COMPETING.**

**I understand that, to be eligible for year-end awards, I must pay the $100 membership fee, attend 75% of the rodeos (15 of the 20), and either collect $100 in sponsorship money OR sell $100 in raffle tickets.**

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Contestant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Paid: ()Y ()N NS: () () () () ()

Spons: () **OR**  Raffle: ()

Contestant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contestant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_