



431 South Cascade Ave.
 Colorado Springs, CO 80903
 Phone: (719) 447-4627
 Fax: (719) 447-4631
 Email: membership@wpra.com

USE FOR 2024

Women's Professional Rodeo Association
 World Championship Barrel Racing®
Junior Membership Application

CARD TYPE

Junior Division | \$125
 Members must be young ladies 17 years or younger as of current rodeo year (October 1st).
 New members must submit copy of birth certificate within 30 days

ATTENTION NEW OR RENEWING MEMBERS:

To be eligible for the WPROA Junior Division, you must be 17 or under as of current rodeo year. (October 1) All required documents (specifically your birth certificate) must be received by the WPROA office within 30 days of original submission or membership and points earned may be void. Memberships are:

- NON-REFUNDABLE
- NON-TRANSFERABLE

The 2024 Rodeo year starts on 10/1/2023. If renewing, you must pay your 2024 membership before 12/31/2023 per rule 1.3.4.1.2. to avoid late fines per rule 1.3.4.1.

I am submitting a late application. Add my late fine to this transaction. Late charges only apply to returning members from the previous year.

I WILL PAY BY:

- Check** **Credit Card**
- Visa MasterCard
- Discover AMEX

Card Number: _____

Security Code: _____

Expiration Date: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

PAYMENT MUST BE RECEIVED BEFORE APPLICATION WILL BE PROCESSED.

If a WPROA Junior Division member turns 18 during a WPROA competition year, that member must immediately, upon turning 18, execute a Release and Waiver of Liability and Indemnity Agreement in favor of the WPROA in order to maintain her WPROA Junior Division membership and count points for the remainder of the competition year. The member may not compete at WPROA Junior Division events and no points may be earned on her Junior Division membership card until the member executes such Agreement in a form satisfactory to the WPROA. Upon turning 18, the member must contact the WPROA office to obtain the appropriate form of Agreement.

I am a **NEW** Member **RETURNING** Member Member No. _____

Legal First Name _____ MI _____ Legal Last Name _____

Announced Name _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Parent/Guardian (_____) Cell (_____) Email _____

Citizen of U.S. Other Date of Birth / / (MM/DD/YEAR)

SSN/EIN _____ GIIN _____ FATCA Code (if applicable) _____

Circuit Designation _____

You must see page 2 for important consent release and signature requirements.

FOR OFFICE USE ONLY Date _____ Paid \$ _____ Payment Method _____
 Access _____ Packet Mailed _____



WPRCA

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CONSENT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

WPRCA junior division members, parents and guardians (collectively "members") acknowledge that rodeos are dangerous activities and participants in a rodeo as a competitor, an independent contractor, or volunteer, exposes the participant to a substantial and serious risk of property damage, personal injury or death. WPRCA members acknowledge that participation in WPRCA/PRCA sanctioned rodeos/events will involve such a hazard. Being fully aware that participation in WPRCA/PRCA sanctioned rodeos/ events will expose said member to substantial and serious risk of property damage and or personal injury or death, said member hereby releases WPRCA, PRCA, and WPRCA sponsors, and PRCA/WPRCA sanctioned rodeo/event production entity, their affiliated, related or subsidiary companies, and the Officers, Directors, employees and agents of each entity or organization from liability for any and all property damage, personal injury or other claims arising from participation in the PRCA/WPRCA sanctioned rodeos/ events, including claims that are known and unknown, foreseen and unforeseen, future or contingent. WPRCA members shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the aforementioned arising out of or related to the actions, causes of action, claims and demands hereby waived, released or discharged by WPRCA member. This provision shall be binding upon each WPRCA member, her spouse, parent, guardian, legal representatives, heirs, successors and assigns.

The Children's Online Privacy Protection Act mandates certain disclosures for for-profit entities that collect personal information from any child aged 13 and under. Please take note of this privacy policy and contact the WPRCA by phone at (719) 447-4677 if you oppose the disclosure of your child's information in the following fashion. Your child's full name may be posted publicly online to announce the results of a given WPRCA event. If you do not wish your child's information to be posted online, this will not disqualify your child. The WPRCA collects information exclusively using this form. No other operators assist in the publication process.

CERTIFICATION OF IRS INFORMATION: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number, AND 2) I am not subject to withholding due to failure to report interest and dividend income, AND 3) I am a U.S. person, AND 4) the Foreign Tax Compliance Act code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. You MUST cross out item 2) if you have been notified by the IRS that you are currently subject to backup withholding because of unreporting of interest or dividends on your tax return.

You must sign below or your application will be returned to you.

Application must be completed in full, with signature and full payment. FOR NEW MEMBERS BIRTH CERTIFICATES MUST EITHER ACCOMPANY APPLICATION OR BE RECEIVED BY THE WPRCA OFFICE WITHIN THIRTY DAYS OR MEMBERSHIP AND POINTS EARNED WILL BE VOIDED. Applicant must be at least 18 years of age or the age of majority in the state in which the applicant is a citizen, whichever is greater. Applicant agrees to be bound by the Articles of Incorporation, Bylaws and Rules of the WPRCA, as applicable. Applicant further acknowledges that participation in a rodeo as a competitor exposes the participant to serious risk of property damage, personal injury or death. Applicant assumes the risk of competition in any rodeo entered and expressly waives and releases any and all claims applicant may now have, or may in the future, for property damage, personal injury or any other claim which applicant now has, or may have in the future against WPRCA, its officers, directors, employees, WPRCA sponsors, the PRCA, or any WPRCA/PRCA-sanctioned rodeo entity, their affiliated, related or subsidiary entities, any committee, any rodeo or barrel race producer, or production entity. This provision shall be binding upon applicant, her spouse, legal representatives including parents or guardians, heirs, successors, and assigns.

WPRCA MEMBERSHIP IS SUBJECT TO COMPLIANCE WITH ALL WPRCA RULES. COMPLETE AND UP TO DATE RULES ARE POSTED ON WWW.WPRCA.COM. ALL PAPERWORK, INCLUDING A COPY OF YOUR BIRTH CERTIFICATE, MUST BE RECEIVED BY THE WPRCA OFFICE WITHIN 30 DAYS OF SIGNING THIS APPLICATION. SUBMISSION OF PAYMENT ALONE WITHOUT APPLICABLE DOCUMENTATION DOES NOT OBLIGATE WPRCA TO CONFIRM MEMBERSHIP.

MEMBERSHIP IS CONTINGENT ON COMPLIANCE WITH RULE 1.1.15 (FINANCIAL INTEREST IN CONFLICTING RODEO ASSOCIATION) WILL BE DECLINED OR IMMEDIATELY REVOKED IF NOT IN COMPLIANCE. APPLICANT CERTIFIES THAT SHE DOES NOT HAVE A FINANCIAL INTEREST IN A CONFLICTING RODEO ASSOCIATION AND IS IN COMPLIANCE WITH RULE 1.1.15.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I understand that within the scope of the WPRCA Privacy Policy and for the benefit of membership, the WPRCA may disclose to rodeo committees or similar representatives information contained on this form for filing of IRS 1099s or other business purposes.

PARENT/LEGAL GUARDIAN _____ SIGNATURE _____ DATE _____
(PLEASE TYPE OR PRINT FIRST AND LAST NAME)
PARENT/LEGAL GUARDIAN _____ SIGNATURE _____ DATE _____
(PLEASE TYPE OR PRINT FIRST AND LAST NAME)
CONTESTANT _____ SIGNATURE _____ DATE _____
(PLEASE TYPE OR PRINT FIRST AND LAST NAME)

FOR OFFICE USE ONLY Date _____ Paid \$ _____ Payment Method _____
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