



Women's Professional Rodeo Association WORLD FINALS • WACO, TX • NOV 9-14, 2021

431 South Cascade | Colorado Springs, CO 80903 | Phone: (719) 447-4627 | Fax: (719) 447-4631

Member # _____ Name: _____ Email: _____
 Address: _____ City, State, Zip: _____
 Main Phone: H W M _____ Alt. Phone: H W M _____

Breakaway \$5,000 added \$450 EF

Horse: _____

RFD-TV's The American Breakaway Side Pot \$350 EF

Team Roping Header \$5,000 added \$450 EF

Partner's Name: _____

Team Roping Heeler \$5,000 added \$450 EF

Partner's Name: _____

Tie Down \$5,000 added \$450 EF

Horse: _____

All-Around \$100 Barrel Race \$100 EF

Horse: _____

Must be entered in a World Finals Roping Event

Fees	Stalls	
	Tues - Sun	_____ x \$125 = \$ _____
	Wed - Sun	_____ x \$100 = \$ _____
	Thurs - Sun	_____ x \$ 80 = \$ _____
	Fri - Sun	_____ x \$ 60 = \$ _____
	Sat - Sun	_____ x \$ 35 = \$ _____
	RVs	
	Tues - Sun	_____ x \$150 = \$ _____
	Wed - Sun	_____ x \$120 = \$ _____
	Thurs - Sun	_____ x \$ 90 = \$ _____
	Fri - Sun	_____ x \$ 65 = \$ _____
	Sat - Sun	_____ x \$ 40 = \$ _____
	Processing Fee (One time fee)	_____ x \$20 = \$ _____
	TOTAL CHARGES	= \$ _____

Payment	Credit Card Information:
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Cardholder Signature: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, INDEMNIFICATION AND RELEASE FOR INJURY OR DEATH TO PERSON OR PROPERTY: By signing this document and/or making entry as a participant, I hereby understand that no matter how careful the sponsors, officers, directors, agents, contractors, or participants may be, my injury or death, as well as that of my property, my horse, or my child is a possibility. I understand that competition in equine events carries inherent risks, including physical injury or death. I assume all risk, as permitted by law, for any damage, injury or death to myself, my child, my property, or my horse in connection with participation in this event, and I waive any claim that my child or I might state against the ExtraCo Events Center, the Women's Professional Rodeo Association, and/or any of their agents, contractors, assigns, officers, directors, or employees as a result of such damage, injury or death. I understand that the intent of this release is to extinguish liability for the ExtraCo Events Center, the Women's Professional Rodeo Association, and any of their agents, contractors, assigns, officers, directors, or employees for damage, injuries or death to my child, my property, my horse, or me. And furthermore, I, as a participant (or parent/guardian of a participant) agree to hold harmless the ExtraCo Events Center, the Women's Professional Rodeo Association, and any of their agents, contractors, assigns, officers, directors, or employees from any expense, cause of action, damage, or claim of damage (including legal fees) of any kind whatsoever, which any person or business entity might assert as a result of my (or my child's or horse's) participation in this event. I also understand that all contestants and horses will be photographed and videoed and all rights to such photographs or video recording are the sole property of WPRA. AGE CERTIFICATION – By the appearance of my signature as indicated below, I certify that I am 18 years of age or older, or that I am the parent or legal guardian of the participant/entrant who is under the age of 18. I further certify that I have available at the request of event management, a current health certificate and a COGGINS on each animal I have on the event grounds. I understand that if State and/or Local Authorities require presentation of said test charts at this event and I cannot present a current health certificate and a COGGINS for any or all animals, I will be personally responsible for any fines and will be responsible for any fines levied on the event producer, the WPRA, or any of their agents, employees, officers, directors, contractors or assigns. WPRA will add your email address to our mailing list and that of our national sponsors. If you wish to opt-out, you may do so using the link contained in the communication or by contacting us with your name and email address.

SIGNATURE _____ **PRINTED NAME** _____ **DATE** _____
PARENT/GUARDIAN _____ **PRINTED NAME** _____ **DATE** _____