



# WPR

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

**USE FOR 2021 - ROPERS 17 OR YOUNGER**

Women's Professional Rodeo Association  
World Championship Barrel Racing®

## Roping Membership for 17 Years of Age or Younger

### CARD TYPE

**Roping Membership | \$190**

Members must be young ladies 17 years or younger as of current rodeo year.

**May compete in Divisional Circuit Roping events only.**

If a roping division member turns 18 during a WPR competition year, that member must immediately, execute a Release and Waiver of Liability and Indemnity Agreement in favor of the WPR in order to maintain her roping division membership and to count points for the remainder of the competition year. The member may not compete at roping events and no points may be earned on her roping division membership card until the member executes such Agreement in a form satisfactory to the WPR.

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 \_\_\_\_\_

### ATTENTION MEMBERS:

This application is for the WPR Roping Division and is for members 17 and younger. Upon turning 18 you will need to request the agreement and release from the WPR office. Your first year membership will be your rookie year. Your birth certificate must be received by the WPR office within 30 days of original submission or membership and points earned may be void. Memberships are:

- NON-REFUNDABLE
- NON-TRANSFERABLE

The 2021 Rodeo year starts on 10/1/2020. If renewing, you must pay your 2021 membership before 12/31/2020 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.**

*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 \_\_\_\_\_  
Access \_\_\_\_\_ Packet Mailed \_\_\_\_\_