



WYOMING JUNIOR RODEO ASSOCIATION PARENT WAIVER 2019



WJRA MEMBERS NAME: _____ DATE: _____

___ NEW MEMBER ___ RETURNING MEMBER ___ HOMETOWN MEMBER

Indemnification and Release: READ CAREFULLY THIS WAIVER OF YOUR RIGHTS.

I acknowledge that participation in a WJRA activity as a competitor, volunteer, or spectator exposes the participant to substantial and serious risks of property damage, personal injury, or death. I assume all risks to myself, my guests, and my children including risks which can be eliminated, altered or controlled whether integral to equestrian recreational activities in consideration for by children being permitted to participate in WJRA activities. I hereby indemnify, hold harmless, and release WJRA executive committee, sponsors, volunteers, land owners, stock producers, and any WJRA production entity or organization from liability for any and all property damage, personal injuries, or other claims arising from my child's, my own, or my guests' participation in any WJRA activity, including, but not limited to, rodeos, practices, or play days, including claims that are known and unknown, foreseen or unforeseen, future or contingent.

I affirm or swear that I am the legal guardian or parent of the above named child, that all of the information provided above is correct, I hereby give this, my written consent, for said child to participate in any WJRA activity, that in the event of the signature of only one parent I have authority to bind both parents with my signature, that I have read and understand the indemnification and release written above and hereby indemnify, hold harmless, and release the individuals and entities listed therein.

PAYMENT METHOD: ONLINE MONEY ORDER CASH CHECK

Checks Payable to: WJRA

Memo: Membership

BIRTH CERTIFICATE: ON FILE W/WJRA INCLUDED W/WAIVER

Member's Signature

Member's #

Signature of children indicates that they are a voluntary participant in accordance with Wyoming Statute 1-1-118

Father's Name

Date

Mother's Name

Date

Father's Signature

Date

Mother's Signature

Date

NOTARY PUBLIC: _____ DATE: _____ COUNTY: _____

SUBSCRIBED AND SWORN TO ME BY THE ABOVE-NAMED PARENT(S) AND/OR GUARDIAN(S)

SUBMIT Payment · Waiver · Birth Certificate:
WJRA Treasurer
959 Silver Sage Lane
Evansville, WY 82636