



# CANADIAN PROFESSIONAL RODEO ASSOCIATION

## 2017 APPLICATION FORM

272245 RR 292, Airdrie, Alberta T4A 2L5

Phone (403) 945-0903

Fax (403) 945-0936

- All memberships must be **purchased two full business days prior** to an entry opening date before an entry will be accepted for a rodeo <
- All Accounts must be paid and **notarized application form, notarized declaration form** and **current member history form** on file before you are eligible <
- **Membership payable in Canadian Funds.** Credit card payments can be made in office or online <

CITIZENSHIP:  CANADA  USA  OTHER \_\_\_\_\_ SIN/SS # (MANDATORY) \_\_\_\_\_

Please state current or former CPRA Steer Riding, Permit, Member Card or PRCA No. \_\_\_\_\_

PRINT FULL NAME OF APPLICANT: \_\_\_\_\_

PRINT FULL PERMANENT ADDRESS: \_\_\_\_\_  
City Prov/State Postal/Zip Code

EMAIL: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_ DAY \_\_\_\_ YEAR \_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_ EVENT \_\_\_\_

### Membership Classes

- |  |  |  |  |                                     |                                       |
|--|--|--|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Full Member                   | <input type="checkbox"/> Semi Pro            | <input type="checkbox"/> Permit                              | <input type="checkbox"/> Specialty Act           | <input type="checkbox"/> Announcer  | <input type="checkbox"/> Bull Fighter |
| <input type="checkbox"/> Secretary                     | <input type="checkbox"/> Timer               | <input type="checkbox"/> Judge                               | <input type="checkbox"/> Photographer            | <input type="checkbox"/> Pickup Man | <input type="checkbox"/> Flankman     |
| <input type="checkbox"/> Clown/Barrelman               | <input type="checkbox"/> Permit Bull Fighter | <input type="checkbox"/> Stock Contractor                    | <input type="checkbox"/> Stock Contractor Permit |                                     |                                       |
| <input type="checkbox"/> Permit Rough Stock Contractor |  | <input type="checkbox"/> Permit Timed Event Stock Contractor |  |                                     |                                       |

For Flankman ONLY: CPRA's Stock Contractor's Name (print) \_\_\_\_\_ and Signature \_\_\_\_\_

\*A I hereby warrant and represent that I am 18 years of age or older. (DELETE CLAUSE "A" IF APPLICANT IS UNDER 18 YEARS OF AGE.)

N.B. If applicant is under 18 years of age, then the parents or the legal guardian having custody of the applicant must sign the application. We require proof of guardianship before application will be processed.

I AGREE TO BECOME FAMILIAR WITH AND ABIDE BY ALL C.P.R.A. BY-LAWS, RULES AND REGULATIONS DURING THE TIME I AM A MEMBER OR PERMIT HOLDER OF THE C.P.R.A. AND AGREE TO THE ASSUMPTION OF RISK AND RELEASE AND INDEMNITY SET OUT ON THE REVERSE SIDE OF THIS FORM.

X \_\_\_\_\_  
(Signature of Applicant) (Signature of Both Parents/Guardians if applicant is a minor)

### BENEFICIARY (A beneficiary must be given on this form or your membership will not be processed).

NAME \_\_\_\_\_ RELATIONSHIP TO INSURED \_\_\_\_\_  
(First/Middle/Last Name)

I HEREBY APPOINT THE ABOVE NAMED PERSON(S) AS MY BENEFICIARY(IES) AND IN THE EVENT OF MY DEATH, ENTITLED TO THE PROCEEDS UNDER JARDINE LLOYD THOMPSON CANADA GENERAL POLICY NO. B0901BG0900377000

X \_\_\_\_\_  
(Signature of Applicant/Insured Person)

THIS BENEFICIARY DESIGNATION IS REVOCABLE UNLESS OTHERWISE SPECIFIED (only applicable in the Province of Quebec)

\_\_\_\_\_  
(Signature of Applicant) (Parent or Guardian)

### DECLARATION

I AM A CITIZEN OF: CANADA - Province of \_\_\_\_\_ OR U.S.A/OTHER. - State of \_\_\_\_\_

I, \_\_\_\_\_ (Name of Applicant) \_\_\_\_\_ (Parents or Guardian Name(s))

DO SOLEMNLY DECLARE THAT I AM (WE ARE) THE PERSON(S) NAMED IN THE FOREGOING INSTRUMENT AND THAT THE INFORMATION THEREIN CONTAINED IS TRUE AND CORRECT, AND I (WE) MAKE THIS SOLEMN DECLARATION CONSCIOUSLY BELIEVING THE SAME TO BE TRUE AND KNOWING IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE CANADA EVIDENCE ACT.

DECLARED AT \_\_\_\_\_ (City/Town) \_\_\_\_\_ (Signature of Applicant)

IN THE STATE/PROVINCE OF \_\_\_\_\_ (Parents or Guardian Signature)

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ (Notary Public)

IN AND FOR (Province, State, Country) OF: \_\_\_\_\_

COMMISSIONER FOR OATHS  
IN AND FOR THE PROVINCE OF ALBERTA  
MY COMMISSION EXPIRES: \_\_\_\_\_



**CANADIAN PROFESSIONAL RODEO ASSOCIATION**



**Declaration for Canadian Standings Eligibility**

**Declaration must be completed before ANY membership will be processed.**

I \_\_\_\_\_ declare that I

**Print Applicant's Name**

- \_\_\_\_\_ a) am a Canadian citizen (if you do not reside in Canada, a copy of your birth certificate is required)
- \_\_\_\_\_ b) have landed immigrant status (and have been approved by the C.P.R.A. Board of Directors)
- \_\_\_\_\_ c) am eligible for the Canadian Standings, but I am not (a) or (b)

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Applicant**

The above information will be considered "official" until the C.P.R.A. office is otherwise notified in writing and upon approval of eligibility by the Association Board of Directors.

DO SOLEMNLY DECLARE THAT I AM THE PERSON NAMED IN THE FOREGOING INSTRUMENT AND THAT THE INFORMATION THEREIN CONTAINED IS TRUE AND CORRECT, AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND KNOWING IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH AND BY VIRTUE OF THE CANADA EVIDENCE ACT.

DECLARED AT: \_\_\_\_\_  
City  
(State)  
(Province of) \_\_\_\_\_

\_\_\_\_\_ **Signature of Applicant**

\_\_\_\_\_ **Both Parent(s) or Guardian Signatures here**

THIS \_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_ **Notary Public signature and Stamp**

\*\*\*\*\*  
APPLICATIONS SIGNED BY  
COMMISSIONER FOR OATHS  
ARE ONLY APPLICABLE TO  
THE PROVINCE OF ALBERTA  
\*\*\*\*\*

\_\_\_\_\_ **IN AND FOR (Province, State, Country) OF:**

\_\_\_\_\_ **COMMISSIONER FOR OATHS  
IN AND FOR THE PROVINCE OF ALBERTA  
MY COMMISSION EXPIRES \_\_\_\_\_**



# CANADIAN PROFESSIONAL RODEO ASSOCIATION

## 2017 MEMBER HISTORY FORM



**A FULLY COMPLETED Member History Form must be returned with all applications.**  
*(We will not be responsible for any mistakes in personal data published that has not been updated.)*

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Resident: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

• \_\_\_\_\_ By initialing here you are giving your consent to the CPRA to send you forms, ballots and notifications electronically.

I hereby agree to allow the C.P.R.A. to release my personal information (address & phone #) to media, C.P.R.A. Committees and sponsors when requested.

Initial \_\_\_\_\_

I do not wish to have my personal information (address & phone #) released to the media, C.P.R.A. Committees and sponsors unless I have been contacted first for permission.

Initial \_\_\_\_\_

### SIZES

Shirt: \_\_\_\_\_ Jacket: \_\_\_\_\_ Jeans: \_\_\_\_\_

### RODEO HISTORY

Current events entered: \_\_\_\_\_

Year turned professional (after permit card): \_\_\_\_\_

Years qualified for CFR: \_\_\_\_\_ NFR: \_\_\_\_\_

Rodeo titles won: \_\_\_\_\_

First rodeo, year and event(s): \_\_\_\_\_

Timed event member's horse(s): \_\_\_\_\_

Name: \_\_\_\_\_ Event: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Event: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

### GENERAL

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

day/month/year

Marital status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Children: (sex, name, age) \_\_\_\_\_

Other achievements / titles / college: \_\_\_\_\_

Occupation other than rodeo: \_\_\_\_\_

Special interests: \_\_\_\_\_

Family / Relatives in rodeo (events): \_\_\_\_\_

(Names & Event)

## **BY-LAW 7.05 OF THE C.P.R.A. BY-LAWS**

**THIS IS AN ASSUMPTION OF RISK AND RELEASE OF LIABILITY. BY BECOMING A MEMBER OR PERMIT HOLDER OF THE C.P.R.A., YOU ARE AGREEING TO ASSUME CERTAIN RISKS AND TO RELEASE THE C.P.R.A. AND OTHER PARTIES FROM LIABILITY. PLEASE READ THIS PROVISION CAREFULLY.**

Members and Permit Holders acknowledge that rodeos generally are dangerous activities by their inherent nature and that participation in a rodeo as a competitor, independent contractor, official, labourer, volunteer or observer in areas to which access to the general public is restricted (including, without limitation, the rodeo arena, competition area, chutes, pens and other areas reserved and intended for use or access by the rodeo participants or otherwise restricted to the general public) exposes the participant to substantial and serious hazards and risks of property damage, personal injury and/or death. Members acknowledge that their participation in C.P.R.A. sanctioned rodeos likewise involves such hazards and risks. Being fully aware that participation in a C.P.R.A. sanctioned rodeo will result in exposure to substantial and serious hazards and risks of property damage, personal injury and/or death, each Member and Permit Holder, in consideration of being permitted to participate in the C.P.R.A. sanctioned rodeo in any capacity, does by such participation agree to assume such hazards and risks and does thereby discharge, waive, and release the C.P.R.A., C.P.R.A. properties, all sponsors, all other Members and Permit Holders (including, without limitation, Contestants, Stock Contractors, Rodeo Producers and Contract Personnel), any Rodeo Committee, and any other C.P.R.A. sanctioned rodeo production entity involved in the sanctioning, production, organization, conduct, sponsoring and/or performance of the subject rodeo (and such persons' or entities' affiliated, related or subsidiary companies and their respective officers, directors, employees and agents) from all claims, demands and liabilities for any and all property damage, personal injury and/or death or other responsibility arising from such Member's or Permit Holder's participation in the C.P.R.A. sanctioned rodeo, including claims, demands, liabilities and other responsibilities that are know or unknown, foreseen or unforeseen, future or contingent, and whether or not such claims, demands, liabilities, and other responsibilities are occasioned by the negligence of the parties so released by such Member or Permit Holders, by the hazards and risks so assumed by such Member or Permit Holder, or otherwise. Such Member or Permit Holder shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against the parties so released arising out of, or related to, the claims, demands, liabilities and other responsibilities so discharged, waived and released by such Member or Permit Holder. The undertakings and covenants of the foregoing provisions shall be binding upon each Member and Permit Holder, his or her spouse, heirs, legal representatives, successors, and assigns.

Members and Permit Holder's acknowledge that they are and remain fully responsible for obtaining and maintaining proper and adequate medical and dental coverage and or insurance and further that the CPRA does not carry or have any responsibility to provide any such coverage or insurance, other than the general Members insurance plan.