



# CANADIAN PROFESSIONAL RODEO ASSOCIATION

## 2020 RENEWAL FORM

272245 Range Road 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 before you are eligible – You have 30 calendar days to submit your completed forms or you will be ineligible <
- **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: \_\_\_\_\_ CELL #: ( \_\_\_\_\_ ) \_\_\_\_\_ ALTERNATE #: ( \_\_\_\_\_ ) \_\_\_\_\_

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

\_\_\_\_\_ (initials) By initialling here, I hereby agree to allow the CPRA to release my personal information (address & phone #) to media, CPRA Committees and sponsors when requested. (If not initialled, CPRA will contact you for approval prior to releasing any information)

\_\_\_\_\_ (initials) By initialling here, I hereby agree to allow the CPRA to release my personal information (address & phone#) to Canadian Pro Rodeo Sport Medicine.

\$ \_\_\_\_\_ OPTIONAL DONATION: Amount to the Canadian Pro Rodeo Hall of Fame (Please write amount on line provided and this will be added to membership fees.)

### Membership Classes

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

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

A **\$10 discount** will apply to **ALL MEMBERS** if membership is purchased **BEFORE January 31<sup>st</sup>, 2020**. A **\$20 LATE FEE** will be applied to those same members if membership is renewed **ON OR AFTER March 1<sup>st</sup>, 2020**.

### LIFE INSURANCE BENEFICIARY (A beneficiary must be given on this form or your membership will not be processed) **\*\*MANDATORY\*\***

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 SSQ INSURANCE COMPANY INC. 1N875.

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

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

**X** \_\_\_\_\_  
(Signature of Applicant if you live in Quebec)

**X** \_\_\_\_\_  
(Parent or Guardian)

CPRA GST number is 121834881RT . GST does **NOT** apply on the annual assurance fee or insurance portion of your membership dues.

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 FOLLOWING PAGE.

Signature of Member: **X** \_\_\_\_\_ Date: \_\_\_\_\_

\* If applicant is a minor, BOTH parents or guardians must sign renewal form.

Signature of Parent/Guardian: **X** \_\_\_\_\_

Signature of Parent/Guardian: **X** \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

Signature of Witness: **X** \_\_\_\_\_



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### BY-LAW 7.6 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 known 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.

Print Name: \_\_\_\_\_

Member Signature: X \_\_\_\_\_

Date \_\_\_\_\_

If Member is a Minor, BOTH Parents Sign

Both Parent / Guardian Signatures: X \_\_\_\_\_

X \_\_\_\_\_

**\*\* Please Note: If you are renewing your membership, you may call the CPRA office, provide your membership number, your credit card information and purchase your membership directly. The form must be completed, signed and returned to the CPRA office within 30 calendar days from the date membership renewal payment is received. Failure to submit this form by the required deadline will result in immediate ineligibility upon the expiration of the 30-day submission period.**