CANADIAN PROFESSIONAL RODEO ASSOCIATION

2027 CONTRACT ACT/PERSONNEL MEMBERSHIP APPLICATION

The regular dues for a **Contract personnel** membership are **$500.85** (Canadian Funds) and must be renewed yearly ($482 + $18.85 GST).

Memberships purchased on or before January 31st are eligible for a $10 discount.
Memberships purchased on or after March 1st will be charged $20 late fee.

A new membership will not be issued until a **NOTARIZED Application Form** have been filed with the CPRA office and payment is received in full. In the case of a minor, both parents or legal guardians must sign the application before it is notarized. All memberships must be ***purchased two full business days prior to*** working a rodeo.

Contacts Acts that work in a

Contract members will receive Accidental Death and Dismemberment insurance through the CPRA's Insurance policy. If you are 80 years and older, you are not eligible for member insurance and must sign off on the declaration on the application form.

NEW Contract Members please note:
(Stock Contractors, Announcers, Clowns, Bullfighters, Contract Acts etc.)
For new contract members, a new probationary membership will be issued at the approval of the CPRA Board of Directors and will be reviewed upon renewal the following year. Please refer to the Rule Book for the rules in place to be eligible to receive a Contract membership with the CPRA.

Renewing members can complete their renewals through their online member account or through the CPRA office by phone, fax, email or mail and completing the renewal form.

New members must purchase their memberships through the Canadian Professional Rodeo Association office at 272245 Range Road 292 NE, Airdrie, AB, T4A 2L5. Phone (403) 945-0903, Fax (403) 945-0936.

- ***If paying by credit card (excluding online renewals), please contact the office. E-transfers may be sent to finance@rodeocanada.com (please include your name and member number in the memo field)***

* The CPRA GST number is 121834881RT. GST ***does not*** apply to the insurance portion of your membership dues.

CANADIAN PROFESSIONAL RODEO ASSOCIATION

2027 NEW CONTRACT ACT/PERSONNEL MEMBER APPLICATION FORM

272245 Range Road 292 NE, 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, and notarized declaration form must be*** on file before you are eligible ➢

➢ **Membership payable in Canadian Funds. Credit card payments can be made in office** ➢

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 MAILING ADDRESS:_____

City Prov/State Postal/Zip Code

EMAIL: _____ **CELL #: (** **)** _____ **ALTERNATE #: (** **)** _____

EMERGENCY CONTACT: NAME:_____**CELL #:**_____

DATE OF BIRTH: MONTH _____ **DAY** _____ **YEAR**_____ **AGE**_____ **SEX** ____ **EVENT**_____

_____ **(initials)** **By initialling here, I hereby agree to allow the CPRA to send forms, ballots and notifications electronically (by email).**
_____ **(initials)** **By initialling here, I hereby agree to allow the CPRA to release my address & phone # to media, CPRA Committees and sponsors when requested.**
_____ **(initials)** **By initialling here, I hereby agree to allow the CPRA to release my address & phone # to Canadian Pro Rodeo Sport Medicine.**

$ **OPTIONAL DONATION to the Canadian Pro Rodeo Hall of Fame (Please write amount in box provided and this will be added to membership fees.)**

Membership Classes

☐ Full Member	☐ Announcer	☐ Stock Contractor	☐ Clown/Barrelman	☐ Bull Fighter
☐ Semi Pro	☐ Secretary	☐ Permit Rough Stock Contractor	☐ Specialty Act	☐ Permit Bull Fighter
☐ Permit	☐ Timer	☐ Permit Timed Event Stock Contractor	☐ Pickup Man	☐ Flankman
☐ Steer Rider	☐ Digital Media Creator	☐ Steer Riding Contractor Permit	☐ Judge	

Circuit Designation (if applicable): ☐ Maple Leaf ☐ Other: _____
(If no circuit is designated, you will automatically be included in the Maple Leaf Circuit)

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

I HEREBY WARRANT AND REPRESENT THAT I AM 18 YEARS OF AGE OR OLDER.
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 THE GUARDIANSHIP BEFORE THE APPLICATION WILL BE PROCESSED.

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

X_____
(Signature of Applicant)

X_____
(Signature of Both Parents/Guardians if applicant is a minor)

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 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/Town)

X _____
(Notary Public /Commissioner for Oath Signature)

IN THE STATE/PROVINCE OF_____

_____ _____
IN AND FOR (Province, State, Country) OF: (Date My Commission Expires)

THIS _____ DAY OF _____, _____

X _____
(Signature of Applicant)

X _____
(Parents or Guardian Signature)

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

(STAMP INSIDE BOX PLEASE)

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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 _____ x _____
(Signature of Applicant if you live in Quebec) (Parent or Guardian)

_____ **(initials) If eighty (80) years old or older, by initialling here, I acknowledge and agree that I am ineligible for coverage through the Canadian Professional Rodeo Association's member personal accident and disability insurance policy.**

BY-LAW 7.6 OF THE CPRA BY-LAWS

THIS IS AN ASSUMPTION OF RISK AND RELEASE OF LIABILITY. BY BECOMING A MEMBER OR PERMIT HOLDER OF THE CPRA, YOU ARE AGREEING TO ASSUME CERTAIN RISKS AND TO RELEASE THE CPRA 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 CPRA sanctioned rodeos likewise involves such hazards and risks. Being fully aware that participation in a CPRA 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 CPRA sanctioned rodeo in any capacity, does by such participation agree to assume such hazards and risks and does thereby discharge, waive, and release the CPRA, CPRA 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 CPRA 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 CPRA 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_____

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