**ILLINOIS JUNIOR RODEO ASSOCIATION 2022 YEARLY MEMBERSHIP**

Contestant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_

Contestant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_

Contestant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parents’ Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Returning family state membership fee is $75 (payable to IJRA)**

**\*\*State membership *fee is waived for 1st-time members* \*\***

WE, THE PARENTS OR GUARDIANS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GIVE THE LOCAL HOSPITAL AND THE PHYSICIANS ON THE MEDICAL STAFF OF THE HOSPITAL PERMISSION TO ADMINISTER NECESSARY EMERGENCY TREATMENT FOR INJURIES HE/SHE MAY INCUR WHILE PARTICIPATING IN THE iLLINOIS jUNIOR RODEO ASSOCIATION, ClinIcs, and all other Events pertaining to the growth and development of the above stated contestAnt including but not limited to the locations of each district and state rodeo throughout the year. WE UNDERSTAND EACH CONTESTANT MUST BE AND IS COVERED BY MEDICAL INSURANCE. wE hEREBY RELEASE THE LOCAL HOSPITal, pHYSICIANS ON THE MEDICAL STAFF, and ILLINOIS JUNIOR RODEO ASSOCIATION (OR ANY AFFILIATES) FROM ALL liability. We, the parents or gUArdians also do hereby accept the responsibility of any and all deductibles to be paid by ourselves and claim full responsibility for the deductibles that may apply.

Parent/gUArdian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 2021.

 required Notary stamp/seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 notary public

In consideration of acceptance of this entry, I shall be legally bound hereby for myself and my heirs, executers and administrators, to waive, release, and indemnify to hold harmless the Illinois JUnior Rodeo Association, their agents, representatives, and comMiTtEEs from any and all claims or rights to damage from injuries or losses suffered by me directly or indirectly in competing in, traveling to or from, and or attending rodeos.

Parent or Guardian Signature Date

mail form & payment: Krysti Rinaldi

 11964 Bubbling Well Rd

 Glenarm, IL 62536