Professional Rodeo Cowboys Association Membership Application

This form must be filled out completely, signed, notarized and filed with the Professional Rodeo Cowboys Association (PRCA), 101 Pro Rodeo Drive, Colorado Springs, CO 80919, before a membership card can be issued. Applicants must be at least 18 years old or older to qualify for membership. Application and dues must be received in the PRCA office three days prior to entry opening of a specific rodeo.



Contestant Card Members and Permit Members <u>must</u> designate a circuit at the time of application. If no circuit designation is made, a Contestant Card Member's or Permit Member's designated circuit will be the circuit in which his mailing address as listed on this application is located. A stock contractor may select his designated circuit at the time of payment of dues (refer to Bylaw B9.3.2 for effect on Circuit Finals Rodeo qualifications). A contract personnel member's opportunity to work at a Circuit Finals Rodeo will not be affected by his circuit designation. A rodeo committee's designated circuit will be the circuit in which the rodeo committee's rodeo is geographically located.

Information - Please print

		Country of citizensh	
Name	rima.	RA: della	
Street address	First	Middle	
City State	Zip		
Social Security number	Date of birt	h	
Phone number ()Cell phone numl	ber ()	79	
E-mail N			
Events worked SB BB BR TD SW TR	SR Circuit	designation	
SR only, 2nd Circuit: BL CR P MS MT TX TQ (Circle one, P	rimary Circuit mu	st not have SRCFR)	
Life insurance beneficiary		Relationship	
Address			
Emergency Contact Name: Emergence	cy Contact Phone	Number:	
Enclose check, cash, or money order, or complete and sign below for	charge payment.		
CHECK ONE: Visa MasterCard Discover			
Card number Expires	OFF	ICE USE ONLY	
Signature	OFF	es \$	
Hall of Fame donation Total amount enclosed	Init	iation fee \$	
	Oth	er \$	
end to: Professional Rodeo Cowboys Association, 101 Pro Rodeo Drive, Colorado Spring	S, UU 80919		

B1.2.4 Assumption of Risk and Release of Liability. THIS IS A RELEASE OF LIABILITY. BY BECOMING A MEMBER OF THE PRCA, YOU ARE AGREEING TO RELEASE THE PRCA AND OTHER PARTIES FROM LIABILITY. PLEASE READ THIS PROVISION CAREFULLY.

Members acknowledge that rodeo events, including PRCA-sanctioned events, are inherently dangerous activities. Members further acknowledge that participation in a PRCA-sanctioned event (whether as a competitor, independent contractor, official, laborer, volunteer or observer) exposes the participant to substantial and serious hazards and risks of property damage, personal injury and/or death. Each Member, in consideration of his membership in the PRCA and his being permitted to participate in a PRCA- sanctioned event in any capacity, does by such membership and participation agree to assume such hazards and risks.

Each Member further agrees to discharge, waive, release and covenant not to sue PRCA, PRCA Properties ("PRCAP"), all PRCA sponsors, all Members (including, without limitation, contestants, stock contractors, Rodeo Committees, Rodeo Producers and Contract Personnel), and any other PRCA- sanctioned event production entity (and each party's respective officers, directors, employees and agents), from all claims, demands and liabilities for any and all property damage, personal injury and/or death arising from such Member's participation in a PRCA-sanctioned event. This discharge, waiver and release includes claims, demands and liabilities arising out of the negligence of the parties so released by such Member. Furthermore, where permitted by applicable law, this discharge, waiver and release also includes claims, demands and liabilities arising out of the gross negligence or willful and wanton negligence of the parties so released. This discharge, waiver and release also includes claims, demands, and liabilities by a Member for indemnities and contributions arising from property damage, personal injury and/or death to a third party. In the event that any provision of this discharge, waiver and release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this discharge, waiver and release had been executed with the invalid provision eliminated.

The undertakings and covenants of the foregoing provisions shall be binding upon each Member, his or her heirs, legal representatives, successors, and assigns.

B2.1.2 Indemnification. Each Member (including, without limitation, contestants, stock contractors, Rodeo Committees, Rodeo Producers and Contract Personnel) agrees to indemnify and save and hold harmless PRCA, PRCAP and all PRCA sponsors from any and all claims, demands and liabilities for any and all property damage, personal injury and/or death asserted by a third party (defined as any party other than the Member , PRCA, PRCAP or a PRCA sponsor) and arising from such Member's participation in a PRCA-sanctioned event.

You agree and understand that any winnings you may receive from Rodeos will be paid to you through PRCA RodeoPay and your personal information may be shared with a third party provider of the PRCA's choosing to provide these and other financial services.

and accurate. I hereby agree to become familiar wiby, the PRCA, and I agree to comply with and be boomed that this prohibition on ownership and/or financial into my behalf to and including the third level of consang interests on my behalf in any manner. I also grant to my status regarding a Conflicting Rodeo Association an officer, board member, employee and do not have Association. If your PRCA application is approved by changes, the PRCA reserves the right to revoke you I further agree, as part of my agreement to comply rules adopted by the PRCA, to the terms of Bylaws I comply with and be bound by any rules and regular agree to comply with and be bound by any rules and regular agree to comply with and be bound by any rules and regular agree to comply with and be bound by any rules and regular agree to comply with and be bound by any rules and regular agree.	th the Bylaws and Official Rodeo I und by the same. prohibit PRCA members, myself i ial interest of any form in a Conflicterests applies to any transfer to or uinity of my family or any other enother PRCA the right to request an and to publish such documental te an ownership or financial interest your status regarding a Conflicter PRCA membership at any time. With and be bound by the PRCA By 32.1.1 and B2.1.2, the text of whitions of the Professional Rodeo C	ncluded, from being an officer, board ting Rodeo Association. I understand equitable holding of such interests on tity or mechanism meant to hold such receive documentation confirming ion and this affirmation that I am notest of any form in a Conflicting Rodeo ing Rodeo Organization subsequently claws, Official Rodeo Rules and other the chis reprinted above. I also agree to owboys Association Properties. I also
Date	Signature of applic	
Subscribed and sworn to before me this	day of	, 20

Notary Public

My commission expires

State of

City & county of _____

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Revenue Service	► Go to www.irs.gov/FormW9 for ins		st information.	
	1 Name (as shown	on your income tax return). Name is required on this line; d	o not leave this line blank.		
-	2 Business name/d	isregarded entity name, if different from above			
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any)		
_ હું		from the owner should check the appropriate box for the	tax classification of its own	er,	(Applies to accounts maintained outside the U.S.)
96	Other (see inst			Desugator's same	
See Sp	5 Address (number	, street, and apt, or suite no.) See instructions.	Requester's name a		and address (optional)
S	6 City, state, and Z	IP code			
	7 List account num	ber(s) here (optional)			
Part		yer Identification Number (TIN) propriate box. The TIN provided must match the na			curity number
entities, it is your employer identification number (EIN). If you do not have TIN, later. Note: If the account is in more than one name, see the instructions for lin Number To Give the Requester for guidelines on whose number to enter.		or		er identification number	
Part	Certific	cation			
	penalties of perju				
2. I am Serv no lo	n not subj ect to ba vice (IRS) that I an onger subject to b	n this form is my correct taxpayer identification num ackup withholding because: (a) I am exempt from ba n subject to backup withholding as a result of a failu backup withholding; and	ackup withholding, or (b) I have not been n	notified by the Internal Revenue
		other U.S. person (defined below); and			
		ntered on this form (if any) indicating that I am exem			
you ha	ve failed to report	s. You must cross out item 2 above if you have been rall interest and dividends on your tax return. For real eent of secured property, cancellation of debt, contributed vidends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retir	2 does not apply. For rement arrangemen	or mortgage interest paid, it (IRA), and generally, payments
Sign Here	Signature of U.S. person			Date ►	
Ger	neral Instr	uctions	• Form 1099-DIV (di	ividends, including	those from stocks or mutual
noted.		o the Internal Revenue Code unless otherwise	•	(various types of ir	ncome, prizes, awards, or gross
related	d to Form W-9 and	For the latest information about developments d its instructions, such as legislation enacted	 Form 1099-B (stor transactions by brol 		sales and certain other
after they were published, go to www.irs.gov/FormW9.			. Form 1000 C /pro	acada from roal ac	tato transactions)

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Consent for Treatment and Authorization for Release of Information

This Consent for Treatment and Authorization for Release of Protected Health Information is provided on behalf of the Justin Sportsmedicine Program (J2 Medical LLC).

- YOU HAVE THE RIGHT TO INSPECT, COPY AND/OR AMEND INFORMATION TO BE USED OR DISCLOSED.
- YOU MAY REFUSE TO SIGN THIS FORM, HOWEVER IT MAY PREVENT THE JUSTIN SPORTSMEDICINE PROGRAMFROM COMPLETING A TASK YOU HAVE REQUESTED.
- WE WILL PROVIDE YOU WITH A COPY OF THIS AUTHORIZATION FORM UPON REQUEST.

This Authorization Is Voluntary

I hereby grant permission to the Staff of the Justin Sportsmedicine Program to evaluate and treat any injury/illness that occurs as a result of my participation in PRCA Rodeos. This includes any and all reasonable and necessary preventative care, first aid, treatment, rehabilitation or emergency treatment I also hereby grant permission to the Justin Sportsmedicine Proogram team physicians and/or their consulting physicians to render treatment or medical care that they deem necessary for my health and wellbeing. This authorization expires one (1) year from the date signed. This consent can be withdrawn at any time, by the Member, in writing.

I do hereby authorize the Justin Sportsmedicine Program to obtain, use, disclose or receive my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that information released under this authorization may be redisclosed by the recipient of the information and may no longer be protected by state and federal law.

The I hereby authorize the Justin Sportsmedicine Program to release my medical information and related information regarding my physical condition or regarding any injury, illness or condition that I sustain due to my involvement in activities at PRCA rodeos, to my traveling partner, rodeo judge, administrative staff of the Justin Sportsmedicine Program, PRCA, family member for purposes of enhancing my safety in connection with my participation in rodeo-related activities and to establish open lines of communication regarding my medical condition and status. I understand this information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information.

I understand that I may withdraw my authorization in writing to the Justin Sportsmedicine Program at any time, except to the extent that action has been taken in reliance on this statement. I understand that even if I do not withdraw authorization that this statement will expire upon the completion of my participation in PRCA events. I have carefully read and understand the above and do hereby expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Member's Name (print):	
Date of Birth:	
Address:	
Signature:	Date: