

# Professional Rodeo Cowboys Association

## PRCA Permit Application



An applicant desiring to become a PRCA Contestant Card member must first become a Permit Member and fill a permit by earning at least \$1,000 at PRCA-sanctioned rodeos in an unlimited number of PRCA rodeo years. Upon meeting this requirement, a Permit Member must apply to become a Contestant Card Member. No membership will be issued to anyone under the age of 18, unless the age of majority in the state of which he is a citizen is greater than 18, in which case, the membership or permit will not be issued until the applicant reaches the age of majority in that state.

Permit applicants are required to submit a completed, notarized application to the PRCA National Office. An application without a U.S. Social Security or Tax Identification Number, or declaration of country of citizenship, will not be processed.

Completed Permit applications, along with dues/insurance premium payment, must be received in the PRCA National Office no later than three PRCA business days prior to entry opening of the first rodeo you plan to enter. If you have any questions, please contact the PRCA National Office prior to submitting the application to prevent possible delays in processing.

Contestant Card Members and Permit Members must designate a circuit at time of renewal. 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's designated circuit will be the circuit in which that stock contractor's home base is geographically located. A contract personnel member's opportunity to work at a circuit finals rodeo will not be affected by his circuit designation.

Membership year commences Jan. 1 of each year and ends Dec. 31 of that year. Dues for the subsequent year will be accepted the first business day of September.

### Information - Please print

Country of citizenship \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # (Mandatory) \_\_\_\_\_ Birth date \_\_\_\_\_

Phone # Area code \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Cell phone # Area code \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ \*Nickname \_\_\_\_\_

Web site \_\_\_\_\_

Events worked SB \_\_\_\_\_ BB \_\_\_\_\_ BR \_\_\_\_\_ CR \_\_\_\_\_ SW \_\_\_\_\_ TR \_\_\_\_\_ SR \_\_\_\_\_ Circuit designation \_\_\_\_\_

**SR Only, 2nd Circuit: BL CR P MS MT TX TQ (Circle one, Primary Circuit must not have SRCFR)**

Life insurance beneficiary \_\_\_\_\_

Name Relationship

Address

Emergency Contact Name: \_\_\_\_\_ Emergency 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 \_\_\_\_\_

Signature \_\_\_\_\_

Hall of Fame donation \_\_\_\_\_ Total amount enclosed \_\_\_\_\_

### OFFICE USE ONLY

Dues \$ \_\_\_\_\_

Initiation fee \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Send to:** Professional Rodeo Cowboys Association, 101 Pro Rodeo Drive, Colorado Springs, CO 80919

**PLEASE READ AND SIGN THE OTHER SIDE OF THIS PAGE.**

B2.1.1 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 that are known or unknown, foreseen or unforeseen, future or contingent, and 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.

I, \_\_\_\_\_ (name of applicant), swear that the information stated above is true and accurate. I hereby agree to become familiar with the Bylaws and Official Rodeo Rules of, and any other rules adopted by, the PRCA, and I agree to comply with and be bound by the same.

This includes Bylaws B2.1.1 and B2.1.2, which prohibit PRCA members, myself included , from being an officer, board member, employee or having an ownership or financial interest of any form in a Conflicting Rodeo Association. I understand that this prohibition on ownership and/or financial interests. I also grant to the PRCA the right to request and receive documentation confirming my status regarding a Conflicting Rodeo Association and to publish such documentation and this affirmation that I am not an officer, board member, employee and do not have an ownership or financial interest of any form in a Conflicting Rodeo Association. If your PRCA application is approved but your status regarding a Conflicting Rodeo Organization subsequently changes, the PRCA reserves the right to revoke your PRCA membership at any time.

I further agree, as part of my agreement to comply with and be bound by the PRCA Bylaws, Official Rodeo Rules and other rules adopted by the PRCA, to the terms of Bylaws B2 .1.1 and B2.1.2, the text of which is reprinted above. I also agree to comply with and be bound by any Rules and Regulations of the Professional Rodeo Cowboys Association Properties. I also agree to comply with and be bound by any rules and regulations of the adoption of the safe sport policy by the board of directors.

\_\_\_\_\_  
Date Signature of applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

State of \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

City & county of \_\_\_\_\_  
\_\_\_\_\_  
My commission expires

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|--------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Print or type.<br>See Specific Instructions on page 3. | 1                                                                  | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |
|                                                        | 2                                                                  | Business name/disregarded entity name, if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                                        | 3a                                                                 | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><br><input type="checkbox"/> Other (see instructions) _____ |                                         |
|                                                        | 3b                                                                 | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/><br><br>(Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                                        | 4                                                                  | Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |
| 5                                                      | Address (number, street, and apt. or suite no.). See instructions. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Requester's name and address (optional) |
| 6                                                      | City, state, and ZIP code                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| 7                                                      | List account number(s) here (optional)                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |  |  |  |   |  |  |  |   |  |  |  |  |
|--------------------------------|--|--|--|---|--|--|--|---|--|--|--|--|
| Social security number         |  |  |  |   |  |  |  |   |  |  |  |  |
|                                |  |  |  | - |  |  |  | - |  |  |  |  |
| or                             |  |  |  |   |  |  |  |   |  |  |  |  |
| Employer identification number |  |  |  |   |  |  |  |   |  |  |  |  |
|                                |  |  |  | - |  |  |  |   |  |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person

Date

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

## 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).

Please see the Patient Notice for information regarding how your medical information may be used or disclosed. You have the right to review the Notice before you decide to sign this form. The Notice is subject to change.

- **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 US FROM COMPLETING A TASK YOU HAVE REQUESTED.**
- **WE WILL PROVIDE YOU WITH A COPY OF THIS AUTHORIZATION FORM UPON REQUEST.**

### *This Authorization is Voluntary*

#### **TO BE COMPLETED BY ATHLETE**

I hereby grant permission to the Staff of **\*\*Justin Sportsmedicine\*\*** 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\*\*** team physicians and/or their consulting physicians to render treatment or medical care that they deem necessary for my health and well-being. This authorization expires one (1) year from the date signed. This consent can be withdrawn at any time, by the athlete, in writing.

I do hereby authorize **\*\*Justin Sportsmedicine\*\*** 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.

I hereby authorize **\*\*Justin Sportsmedicine\*\*** 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 in rodeo, to traveling partner, rodeo judge, administrative staff of the JST, 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 **\*\*Justin Sportsmedicine\*\*** 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 herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

**Name (print)**

**Date of Birth:**

**Address:**

**Signature:**

**Date:**