

Professional Rodeo Cowboys Association

101 Pro Rodeo Drive, Colorado Springs, CO 80919 Telephone 719 593 8810

IT IS TIME TO RENEW YOUR PRCA MEMBERSHIP FOR 2027!

FAILURE TO SUBMIT ALL REQUIRED DOCUMENTS BY THE REQUIRED DEADLINE WILL RESULT IN IMMEDIATE INELIGIBILITY UPON THE EXPIRATION OF THE 30-DAY SUBMISSION PERIOD.

1. Contestant dues and insurance must be received at PRCA National Headquarters no later than midnight one day prior to entry opening time of any rodeo you wish to enter; this includes Gold Card holders.

2. No one will be allowed to participate in any rodeo with competition scheduled on or after Jan. 1, 2027, if 2027 dues are not paid.

3. 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 may select his designated circuit at the time of payment of dues. (Refer to Bylaw B9.3.2 for effect on circuit finals rodeo qualification.) 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.

4. This form must be completed, signed and returned to the PRCA National Headquarters within 30 calendar days from the date membership renewal payment is received by the PRCA National Headquarters. Failure to submit all required documents by the required deadline will result in immediate ineligibility upon the expiration of the 30-day submission period.

CIRCUIT _____

*****IF NOT COMPLETED, WILL BE DETERMINED BASED ON MAILING**

ADDRESS***

FOR CORRECTIONS & ADDED INFORMATION (If the above information is incorrect please enter the correct information in the space provided below)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

COUNTRY OF CITIZENSHIP (must be completed) _____

NICKNAME _____

CARD TYPE

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

PHONE# _____

CELL PHONE# _____

E-MAIL _____

SS #/TAX ID. # _____

BIRTH DATE _____

NOTICE: Gold Card members who do not participate in PRCA rodeos need only to sign this document and return it to remain on the PRCA roster.

Hall of Fame donation \$ _____

Total amount \$ _____

FORM OF PAYMENT

Enclose check or money order for dues as scheduled, or complete and sign below for charge payment:

CHECK ONE: Visa MasterCard Discover_

Card number _____

Expires _____ Signature _____

Emergency Contact Name: _____ Emergency Contact Phone Number _____

NAME AND ADDRESS OF LIFE INSURANCE BENEFICIARY

Name _____

Address _____

City, State, Zip _____

Relationship _____

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.O.1.1 and B2.O.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 82.1.2, 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.

Signature _____ Card number _____ Date _____

Request for Taxpayer Identification Number and Certification

Go to 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. 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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: 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. ☐ 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 _____ ☐ (Applies to accounts maintained outside the United States.)	
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ 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.

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: