

2019-2020 AHSRA

• MEMBERSHIPS

Incomplete membership forms cannot be processed.

The membership form must be commissioned each year.

- The membership package to be submitted is 6 pages, plus a **copy of your most recent report card** and the payment for the membership. Please send all documents in a PDF format.
- If you're a home schooled student there is an additional form to be filled in and submitted with your membership package. The form is on the website. (Provincial/Forms)
- Completed membership applications & payments must be received in the AHSRA office a **minimum of 5 working days prior to call in date** to ensure eligibility for the next rodeo entry date. Your district secretary will have your back number & membership card at the first rodeo you attend.

If you intend to rodeo this fall, please have memberships in by **August 1, 2019 - this will help our new secretary with processing times.**

To find out your back number of if your membership has been processed (for new members) you must use a computer (a phone will not work for this process for new members). Go to your district/division online sign up page on a computer. Click the button "I don't know it" and follow the instructions. Once you know your back number you can use a phone or laptop to enter. If you're a renewing member you will have the same back number as last year can check on a phone or laptop to see if your membership has been processed.

As a member of the AHSRA failure of not knowing or understand the deadlines and rules will not be accepted as an excuse in any situation. Become familiar with the website as it is the main source of information for the membership. www.albertahsrodeo.com The AHSRA policies and procedures are a great place to find answers to your questions or you can always contact any member of the executive. From time to time through the year emails will be sent out with information for you. There is a facebook page that is active, feel free to join that for "unofficial" information. Alberta High School Rodeo Facebook Page

Scan and email Memberships, Report Cards all supporting documents and e-transfers to AHSRAoffice@gmail.com Please do not sends in until you have ALL documents and payment.

Etransfer question: use the members name eg. Tom Smith, the answer will be: membership
Your membership will not be active until e-transfer is received and deposited and paperwork processed

OR you can mail them to: **AHSRA OFFICE**

Box 5844 High River, AB T1V 1P3

MARCH 1- 15 OF THE CURRENT YEAR.

Due to the fundraising and ticket selling policy, the last opportunity to purchase an AHSRA rodeo card is MARCH 15,2020. After March 1st to closing of memberships March 15, YOU MUST SUMBIT A LIST OF WHOM YOU WANT YOUR 20 RAFFLE TICKETS MADE OUT TO AND THE TICKET FEE OF \$400.00 MUST BE PAID WITH THE MEMBERSHIP FEE. There is a form for this on the website. **2018-2019 MEMBERSHIP SALES CLOSE MARCH 15, 2020**



NHSRA Jr. High Division Membership Application 2019-2020

STATE/ PROVINCE
SECRETARY USE ONLY
NHSRA MEMBER #

[Please Print Clearly or Type & Fill In All Blanks]
THIS FORM INCLUDES THE ALBERTA HIGH SCHOOL RODEO ASSOCIATION MEMBERSHIP & FEES

Name: _____ Primary Phone: (____) _____

Mailing Address: _____ Other Phone #: (____) _____

City, State/Province: _____ Zip+4/Postal Code: _____

Country: _____ Email Address: _____

Date of Birth: Month _____ Day _____ Year _____ Gender: _____ Male _____ Female

Check One:

_____ Rookie (1st year) Member

_____ Renewing Member

Number of Years in NHSRA JH Division: 0 1 2 3

State/Province Association: _____ Region/District [if applicable]: _____

If you live in a different state than applying for, have you submitted a signed transfer form? _____ Yes _____ No

EVENTS

As a competing member, you are eligible to enter any of the events offered for your gender. For statistical purposes, please check any and all of the events you are planning to enter any time this rodeo season.

BOYS EVENTS:

Bareback Steer Riding
Breakaway Roping
Bull Riding
Chute Dogging
Goat Tying
Ribbon Roping
Saddle Bronc Steer Riding
Team Roping
Tie-Down Roping
Light Rifle Shooting

GIRLS EVENTS:

Barrel Racing
Breakaway Roping
Goat Tying
Ribbon Roping
Pole Bending
Team Roping
Light Rifle Shooting

SCHOOL INFORMATION

School Name: _____

City of Attending School: _____

State/ Province of Attending School: _____

School Type: Public Private Homeschool

Current Grade: _____ 6th _____ 7th _____ 8th

Dues and Fees -Competing Member:

U.S Members: NHSRA Dues, Insurance, NHSRA Times & Western Horseman included in total

Foreign Members: NSHRA Dues, NHSRA Times & Western Horseman

State/ Province Dues included in total

Region/ District Dues included in total

Important- Please Initial

I understand that I receive a one-year subscription to Western Horseman magazine as a benefit of my NHSRA membership. \$2 of my membership dues will be applied to this one-year subscription.

Initial Here: _____

TOTAL: \$ 200.00 CD N

READ AND SIGN BELOW

We certify that the information supplied in this application is true and correct to the best of our knowledge and belief, and that the student applying for membership meets the qualifications and criteria for membership in the District/Region High School Rodeo Association, the State/Province High School Rodeo Association and that National High School Rodeo Association. By applying for and receiving membership in the District/Region, State/Province and the National High School Rodeo Association, we hereby agree to follow all rules and guidelines set forth by the Region/District, State/Province and the National High School Rodeo Association and to abide by all decision and rulings of the governing committees and boards of these associations.

Member's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

**BOTH PARENTS AND/OR GUARDIANS MUST SIGN APPLICATION.
BE SURE TO COMPLETE THE MINORS RELEASE FORM.**

NATIONAL HIGH SCHOOL RODEO ASSOCIATION

(Please Print Clearly or Type and fill in all blanks)

Member's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ DOB: Month _____ Day _____ Year _____

MINOR'S RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

We, the undersigned, hereby request that the below named minor (minor) be granted permission (1) to enter the restricted area, (2) to participate as a contestant, assistant, official or otherwise in rodeo events, (3) to compete for money, prizes, recognition or reward, (4) to be covered by participants' hospitalization insurance, if applicable, as limited by the master policy (all collectively hereinafter called "permissive entry").

In consideration of "permissive entry" to minor into the restricted area, which is the area from which admission to the general public is restricted, which includes, but is not limited to the rodeo arena, competition area, chutes, pens, adjacent walkways, concessions, and other appurtenances, we, the undersigned, on behalf of the minor and for ourselves, our personal representatives, heirs, next of kin, spouses and assigns, do hereby:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the rodeo committee, stock contractor, rodeo association, sponsors, arena operators or owners, and each of them, their officers, agents and employees (all hereinafter collectively referred to as "releases") from any and all claims and liability arising out of strict liability or ordinary negligence of releases or any other participant which causes the undersigned injury, death, damages or property damage. We, the undersigned, jointly, severally, and in common, covenant to hold releases harmless and to indemnify releases from any claim, judgement or expenses releases may incur arising out of any of the minor's activities or presence in the restricted area.
2. UNDERSTAND that minor's entry into the restricted area and/or participation in rodeo events contains DANGER AND RISK OF INJURY OR DEATH TO MINOR, that conditions of the rodeo arena change from time to time and may become more hazardous, that rodeo animals are dangerous and unpredictable, and that there is INHERENT DANGER in rodeo which we each appreciate and voluntarily assume because the minor and we choose to do so. Each of the undersigned has observed events of the type that the minor seeks to participate in. We further understand that the arena surface, access ways or lack thereof, lighting or lack thereof, and weather conditions all change and pose a danger to the minor. We further understand that other contestants and participants pose a danger to the minor, but nevertheless, WE EACH VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected with the minor's entry into the restricted area and/or participation in any rodeo events.
3. AGREE that this agreement shall apply to any incident, injury, accident or death occurring on the above date and FOR A PERIOD OF TIME covering any statutory period in which a cause of action may accrue for minors or adults. All subsequent agreements and release documents signed by any of the undersigned shall amplify, but shall in no way limit the provisions of this document. The provisions of this document may be cancelled by any one of the undersigned by delivering to the above rodeo association written cancellation of this agreement which shall be effective 24 hours after the date said cancellation is actually received by the rodeo association.
4. Releasor or parents or guardians of the undersigned minor AGREE TO INDEMNIFY the Releases and each of them from any loss, liability, damage or costs they may incur due to the presence or participation of the minor in the described activities whether caused by the negligence of the Releases or otherwise.

WE HAVE READ THIS DOCUMENT, WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. WE APPRECIATE AND ASSUME ALL RISKS INHERENT IN RODEO.

Signature of Natural Father Print Clearly or Type Name of Natural Father

Signature of Natural Mother Print Clearly or Type Name of Natural Mother

Signature of Legal Guardian Print Clearly or Type Name of Legal Guardian

Signature of Member Print Clearly or Type Name of Member

On this _____ day of _____, before me, personally appeared _____
PRINT NAMES OF PARENTS & MEMBER

to me known to be the persons who executed the foregoing Release and acknowledged that they signed same as their free act and deed.

My Commission Expires: _____
COMMISSIONER OF OATHS

*Both parents and member or legal guardian must sign this form in the appropriate places above. If only one parent is signing, please note reason on signature line. For example, DECEASED, DIVORCED AND FULL CUSTODY, ETC. All signatures must be witnessed by a commissioner of oaths and listed as personally appearing in the appropriate place on the form. Be sure that commissioner signs, dates and places his/her seal on the form. Please return original Minor's Release form to the state/provincial secretary with membership application and fees

**ADULT WAIVER FOR MINOR PARTICIPANT
RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY
AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL
WAIVE CERTAIN LEGAL RIGHTS, INCLUDING
THE RIGHT TO SUE. PLEASE READ
CAREFULLY!**

In consideration for allowing my minor child/ward to participate in all related events and activities of ALBERTA HIGH SCHOOL RODEO ASSOCIATION I hereby warrant and agree:

1. I am the parent/guardian having full legal responsibility for decisions regarding my minor child/ward, **namely** _____; and
2. I am familiar with and accept, on behalf of myself and my minor child/ward that there is the risk of serious injury and death in participation in ALBERTA HIGH SCHOOL RODEO ASSOCIATION and in competitive RODEO in particular; and
3. I have satisfied myself and believe that my minor child/ward is physically, emotionally and mentally able to participate in this program, and that his/her equipment is mechanically fit for his/her use in this program; and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward; and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the program.
6. I authorize ALBERTA HIGH SCHOOL RODEO ASSOCIATION to consent to emergency medical treatment in accordance with the best interests of my minor child/ward, should I not be present at the relevant time to grant consent myself.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, HIS/HER HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures, of the program organizer, the program venue and any persons associated therewith or participating therein; and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may in the future have against ALBERTA HIGH SCHOOL RODEO ASSOCIATION, and its directors, officers, employees, guides and representatives, advertisers, other participants, sponsors (all of whom are collectively referred to as "the Releases) from any and all liability for any loss, damage, injury or expense that my minor child/ward may suffer, or that his/her next of kin may suffer as a result of his/her use of or presence at, the ALBERTA HIGH SCHOOL RODEO ASSOCIATION, facilities, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT OR ANY OTHER RELEVANT STATUTES, on the part of the Releases.
3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program; and
4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releases or otherwise.

5. AN ACKNOWLEDGMENT that I HAVE READ THIS DOCUMENT THOROUGHLY. I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY MINOR CHILD/WARD, HIS/HER HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I MAY HAVE AGAINST THE RELEASEES. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signature of Witness to Signature of Parent/Guardian

Printed Name of Witness

Date

Age of Minor Child/Ward

Helmet Usage:

- 1) The NHSRA strongly suggests the wearing of CSA-approved helmets for rough stock riders.
- 2) The participant and the participant's parent / guardian are waiving the option to use the helmet.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signed this _____ day of _____, 20__

- 3) The participant and parent / guardian are assuming the risk for not wearing a helmet and will hold the insured harmless for any injuries sustained.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Signed this _____ day of _____, 20__

RETURN THIS PAGE WITH MEMBERSHIP PACAKGE!

CONTACT EMAILS

The email address you put on the membership forms is the address that you will receive you online entry confirmations and correspondence from the provincial office.

If you want the information sent to additional emails, such as your parents or guardians please fill out the following and send with your other documents when you submit your membership package.

Alternate Contacts for information:

NAME: _____

~~EMAIL~~ _____

CELL# _____

NAME: _____

~~EMAIL~~ _____

CELL# _____

Please note your confirmation for entries will go to the address you submitted on your membership form and alternates will not receive copies of the entry confirmations.