

Cheers ^{TO} 50 years



2024 Mid-States Rodeo Association Membership Application

NAME _____ Date of birth _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME/CELL PHONE _____ EMAIL _____

Circle your event: Men- BB SB BR TDR 45TDR SW TR Women- LBA LBR MTR

\$145 _____ Renewal Member _____ Stock Contractor _____ Contract Personnel: _____ (please indicate judge/timer/secretary/etc.)

\$145 _____ NEW Member *MUST have form notarized* Rookie Year: YES NO

\$90 _____ Stock Contractor

\$90 _____ Contract Personnel: _____ (please indicate judge/timer/secretary/etc.)

\$95 _____ Gold Card Member (20+ years - does not have to be consecutive)

\$20 _____ High School/Little Brithches. *MUST have form notarized by a parent/Guardian*

Coat Size (Unisex Adult):- Small Medium Large XLarge 2XLarge 3XLarge

I, _____ as a member of the Mid-States Rodeo Association (M-SRA), a Nebraska Corporation, hereby acknowledge that rodeos are dangerous activities and that participation in a rodeo as a competitor, an independent contractor, or a volunteer, exposes the participant to a substantial and serious risk or property damage, personal injury, or death. It is specifically acknowledged that participation in an M-SRA sanctioned rodeo will involve such a hazard. Being fully aware that participation in M-SRA sanctioned rodeos will expose me to substantial and serious risk or property damage and/or personal injury or death, I hereby release the M-SRA sanctioned rodeos, production entity, their affiliated, related or subsidiary companies and the officers, directors, employees, sponsors, and agents of each entity or organization from liability for any and all property damage, personal injuries, or to the claims arising from participation in M-SRA sanctioned rodeos, including claims which are known and unknown, foreseen, future or contingent. I agree that I shall not, now or at any time in the future, directly or indirectly commence or prosecute any action suit or other proceedings against the before mentioned arising out of or related to the action, causes of action, claims and demands upon me, my spouse, legal representatives, heirs, successors, and assignees.

Member Signature _____

**Parent Signature _____ (Releasing the above minor to participate in the above sport with your consent.)

*NEW & MINORS must have notarized:

State of _____ County of _____ Now on this _____ Day of _____, 2024 _____ (Name) has personally appeared before me, a notary public in said above state, and appears to me to be the identical person who signed the above release and acknowledged the execution thereof to be a voluntary act and deed.

NOTARY PUBLIC _____ (Seal)

Payment Method: Check Cash Money Order Credit/Debit Card *Must be made online @ www.m-sra.com

Please Note a \$5 service charge will be added to all credit/debit card transactions

Please Note: Effective 2021, no membership cards will be mailed out. Card Numbers will be updated on our website, along with the accessibility of the current rule book.

Mail applications & payment to: M-SRA PO Box 764 Valentine NE 69201