

For Office Use Only
Member No. _____
District _____
Date _____
Contestant _____

APPLICATION FOR ADULT MEMBERSHIP MHSR YEAR 2009-2010

NAME _____

ADDRESS _____ PHONE _____

CITY, STATE _____ COUNTY _____

ZIP CODE _____ OCCUPATION _____

Did you compete in any high school rodeo events? If so, please list state, year, events and honors won:

List rodeo associations you are now a member of and events worked:

Offices or committee assignments now held in MHSR:

Please indicate work assignments you would accept or feel you are qualified to help with:

"I agree to abide by the rules and By-Laws of the MHSR, Inc. and the NHSRA."

SIGNATURE: _____

2 Adult membership dues are included with your student's application dues. Membership runs from September 1st through August 31st. Each adult must hold a membership to vote on business before the organization.

MISSOURI HIGH SCHOOL RODEO, INC.

AUTHORIZATION FOR RODEOS AND APPROVED ACTIVITIES

Applicant must have current NHSRA membership card. Authorization form must be filled out completely, notarized and returned to the State Secretary. Form will be kept on file for all activities sanctioned by the Missouri High School Rodeo, Inc. during the membership year.

NAME _____ NHSRA # _____ AGE _____

ADDRESS _____

CONTESTANTS SIGNATURE _____

Before me personally appeared, _____ and _____, parents or guardians of applicant who has signed the foregoing statement for entrance in the High School Rodeos, each deposed and says that all statements are true and will abide by all rules of MHSR, Inc. and NHSRA and give permission for said applicant to participate in any or all qualifying or State Finals High School Rodeos or state approved activities and agree to hold any qualifying or state rodeo, MHSR, Inc. or NHSRA harmless from any liability whatsoever by reason of his or her participation in said rodeos.

SIGNED _____ and _____

We, the parents or guardians of _____ give the EMT's, hospital, physicians on the medical staff of the hospital and ambulance attendants that the Qualifying Rodeo or State Board chooses for emergency treatment, permission to administer any NECESSARY EMERGENCY TREATMENT for injuries he or she may incur while participating in any and all Qualifying or State Finals High School Rodeos or state approved activities. We understand that each contestant must be and is covered by medical insurance. We hereby release all hospitals, physicians on the medical staff, ambulance attendants, EMT's, all rodeo sponsors and committee's from all liability.

(Parents or guardian must sign for each event entered)

BB _____ TR _____

BK _____ BA _____

TD _____ BR _____

GT _____ QC _____

SW _____ BC _____

PB _____ GC _____

SB _____

Subscribed and sworn to before me this _____ day of _____, 20__ . _____

Notary Public in and for _____ County, Missouri. My commission expires _____