

2012
EASTSIDE PROGRESSIVE BARREL RACING ASSOCIATION
MEMBERSHIP APPLICATION

Date of Membership _____

Individual \$30.00/Family \$40.00 (circle one)

Rider Member Names:

Age (if Under 12 & Birth Date)

By completion of this application I am requesting membership to ESPBRA. I have enclosed a nonrefundable membership fee of \$30.00 for Individual membership or \$40.00 for Family membership. Family membership is limited to legal guardian rights. I fully acknowledge that ESPBRA retains the right to refuse membership to any person the sole discretion of the director, and I shall abide by any/all rules of the Association.

I, the undersigned, hereby Release EastSide Progressive Barrel Racing Association (ESPBRA) and it officers, agents, employees, representatives or any/all of them from all claims, demands, action, or causes of action, of any kind or nature whatsoever, whether or not known or ascertained, or which may hereafter develop or occur to me in favor of myself, my heirs, representatives or dependents on account of or by reason of an injury or damage, which may be suffered by ,me, them or any property, animace or inanimate, or condition, negligence or default, whatsoever: and I hereby assume and accept the full risk and danger if hurt for injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person whatsoever.

Each participant by the act of paying their membership dues waives all claims against the Association for injuries they or their property may sustain. Membership entitles you to a discount arena fee, the chance to accumulate points for year-end awards and a chance to participate in the TOP-FIVE All-Around for the Saddle. Non-members are welcome. Members and Non-members both pay the same to compete in ESPBRA Progressive classes and 5D Progressive Side Pot. 70% pay-outs are based on the number of rider's per-class. Members and Non-Member riders are required to abide by ESPBRA rules.

I have read the above statement and understand it is a release of all claims.

Signature _____

Date: _____

(Parent or Guardian, if Membership for Minor)

Contact Information:

Name: _____ Email Address _____

Mailing Address _____

Contact Phone Number: _____