

# World Professional Bullriding (WPB)

## 2024 WPB Membership Requirements



**PLEASE READ THIS PAGE BEFORE COMPLETING THE MEMBERSHIP APPLICATION**

**WPB Membership is a privilege by invitation and not a right.**

Prospective members must complete a current membership application; sign compliance with WPB rules and policies; and read and sign Waiver and Release form – all included in the membership application packet.

Membership may be denied, withdrawn completely, suspended or changed by category, with or without cause, at any time by WPB, at its sole and absolute discretion.

Fines and other disciplinary measures may also be imposed for violation of any of the applicable Membership Rules or violation of terms and conditions governing a Member's behavior or participation at any time.

Please Note: No points will be awarded until Membership Application Form has been paid and filed in the WPB Office. Memberships must be purchased prior to event for points to count in the record books.

Points earned at all WPB sanctioned or approved events by WPB members in good standing during the 2024 WPB season counts toward qualification for the 2024 WPB Finals or 2024 Year End Awards.

Acceptance of your membership application by WPB does not make you and should not be construed as making you an employee or partner of WPB, or any other related entities.

If you have any questions, please call the WPB Office at (403) 559-7884 or E-Mail [wpb@xplornet.ca](mailto:wpb@xplornet.ca).

**Please sign below to indicate that you have read and understand the above information.**

\_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_



# WORLD PROFESSIONAL BULLRIDING

Box 510, Bowden, AB Canada T0M 0K0

## 2024 Membership Application

Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street or PO Box City Province/State Postal or ZIP Code

Email Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell Work

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

**Please include a copy of your Driver's License or other form of identification with this application.**

Coat Size \_\_\_\_\_ Shirt Size \_\_\_\_\_

Past WPB Member? \_\_\_\_\_ If yes, Card Number: \_\_\_\_\_

- Contestant Membership \$125Canadian
- Bull Fighter Membership \$125 Canadian
- Stock Contractor \$125 Canadian
- Judge Membership \$125 Canadian
- Other Non Contesting Contract Personnel \$125 Canadian  
Please Specify: \_\_\_\_\_

<b><u>CHECK ALL THAT PERTAIN TO YOU</u></b>
<input type="checkbox"/> New Member
<input type="checkbox"/> PRCA, CPRA, PBR - World Card Holder
<input type="checkbox"/> Past WPB, PBR, CPRA, NFR Finalist
<input type="checkbox"/> Present CFR or PRCA Circuit Finalist
<input type="checkbox"/> Present Finalist of WPB, PBR-World, NFR
<input type="checkbox"/> Season Leader or World Champion of: (WPB, PRCA, PBR-World)

Emergency Contact: (Parent or Legal Guardian must be an emergency contact if applicant is a minor).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province/State Postal or Zip Code

Phone Numbers: \_\_\_\_\_  
Home Cell Work

Please fill out application completely: Read and sign attached waiver and release and return all parts of application along with payment to:

World Professional Bullriding  
Box 510, Bowden, AB Canada T0M 0K0 Phone: 403-559-7884 or E-Mail: wpb@explornet.ca

## WAIVER AND RELEASE

In consideration of being allowed to participate in World Professional Bullriding sanctioned events and membership in the World Professional Bullriding, I \_\_\_\_\_

(please print name clearly and initial)

and my heirs, successors, personal representatives and next of kin, hereby RELEASE, WAIVE, DISHCARGE and agree to HOLD HARMLESS AND INDEMNIFY the World Professional Bullriding, their directors, officers, agents and employees, the Bullriding committees, stock contractors, sponsors, arena operations or owners, their agents, representatives (collectively referred to as "World Professional Bullriding") from all liability to me and my personal representatives, heirs, successors, and next of kin from any and all claims and liability for all loss of damage, and any claim of damages therefore on account of any injury or death to person or damage to my property while I am utilizing World Professional Bullriding facilities or participating in World Professional Bullriding events.

I understand and agree this release extends to accident, injury, or death occurring during any event sponsored by or during any terms of membership in, the World Professional Bullriding.

I further state and certify that I have read and understand the contents of this release and sign this release as a free and voluntary act. I UNDERSTAND THIS IS A RELEASE TO ALL CLAIMS.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **In the event that applicant is a minor, a parent or legal guardian must fill out the following:**

I, \_\_\_\_\_ (name of parent or legal guardian) affirm that I am the parent or legal guardian of the above named minor. I have read and understand the above stated Waiver and Release and hereby agree to be bound by the terms of the Waiver and Release both personally and as a representative of the above named minor. I swear the information provided to World Professional Bullriding by the above named minor is true to the best of my knowledge.

SUBSCRIBED AND SOWRN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public or Commissioner of Oaths in the Province/State of \_\_\_\_\_

Residing at \_\_\_\_\_

Signature \_\_\_\_\_