

2013 MEMBERSHIP APPLICATION

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



WORLD PROFESSIONAL BULLRIDING INC.

Box 399 – Bowden, AB T0M 0K0 Phone (403) 224-2635 Fax (403) 224-2634

Name: _____

SS/SIN# (mandatory): _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State/Province: _____ Zip: _____

Phone#: _____ Cell Phone #: _____ Fax #: _____

E-Mail: _____ Past WPB Member? ____ If yes, Card # _____

Jacket Size: ____ Hat Size: ____ Pant Size: ____ Shirt Size: ____

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

CHECK ALL THAT PERTAIN TO YOU

- New Member
- PRCA, CPRA, PBR - World Card Holder
- Past WPB, PBR, CPB, CPRA, NFR Finalist
- Present CFR or PRCA Circuit Finalist
- Present Finalist of WPB, PBR-World, NFR
- Season Leader or World Champion of: (WPB, PRCA, PBR-World)

RELEASE AND AGREEMENT NOT TO SUE

In consideration of being allowed to participate in World Professional Bullriding Inc. sanctioned events and membership in the World Professional Bullriding Inc., I and my heirs, successors, personal representatives and next of kin, hereby RELEASE, WAIVE, DISCHARGE and agree to HOLD HARMLESS AND INDEMNIFY the World Professional Bullriding Inc., 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 Inc.") 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 Inc. facilities or participating in World Professional Bullriding Inc. 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 Inc.

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.

Dated this ____ day of _____, 20__.

** Member Signature: _____

** Your Signature must be NOTARIZED if NOT an Alberta Resident
Commissioner of Oaths if you are an Alberta Resident

State/Province _____)

County of _____)

On this _____ day of _____, 20__, before me the undersigned, A Notary Public or Commissioner of Oaths in And for the above written.

the State/Province of _____ Residing at _____

Signature _____

THIS FORM MUST BE COMPLETELY FILLED OUT & MUST BE SIGNED BY A COMMISSIONER OF OATHS OR A NOTARY PUBLIC ~ OTHERWISE IT WILL NOT BE ACCEPTED.