



Associate Member Form

(all information must be filled out completely)

Any person may become an Associate Member by paying a \$30.00 per year fee. This fee allows a person to be a volunteer in any area for the Southern Indiana Junior Rodeo Association as well as having voting rights. A signed Release of Liability Form is required. If you are not a paid Associate Member, Active Member or Contestant Member, you may not enter the arena at any time.

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone Number _____

Date _____

Associate Member Signature _____

Parent/Guardian _____
(if under 18)

Mail form with payment to:

SIJRA Rodeo Treasurer
Emily Gibson
905 N Main St.
Salem, IN 47167

Date: _____	Initials _____
Cash _____	Check # _____
Total Amount Paid: _____	
Membership _____	Shirt _____
Decal _____	Sponsorship _____
Other _____	

Accident Waiver and Release of Liability

I am aware that a Rodeo is a hazardous activity, and I am participating and/or volunteering in an event including but not limited to rodeos or equine events to be presented by the Southern Indiana Junior Rodeo Association (SIJRA). The SIJRA Arena located at 7596 W. State Road 56 in Salem, Indiana, with knowledge of the dangers involved, and I hereby agree to accept any and all risks of property damage or personal injury or death. This waiver and release applies to all events including rodeos or equine events held at the arena during the year.

I acknowledge that these rodeos or equine events are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producer of the event, and lack of hydration. These risks are not only inherent to participants but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person that I cannot participate. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events. I am responsible for any and all medical expenses incurred during my participation in the rodeo.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, guardians, administrators, heirs, next of kin, parents, successors, and assigns as follows: (a) waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the organizer and the following entities or persons: Hanson Aggregates Midwest LLC, Bar-O-Ranch, Inc. and the Southern Indiana Junior Rodeo Association (SIJRA) and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials; and (b) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable Indiana law. I hereby certify that I have read this document and I understand its contents. I understand that execution of this release is required in order for me to participate and it is requested that I show proof that I have adequate medical insurance for my benefit by attaching a copy of the insurance card, certificate or policy, or policy number and insurance carrier name. I would understand that if I have no insurance I am self-insuring during this event.

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

- I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event from emergency personnel, the local hospital and its medical staff and physicians.
- I understand that at this event or related activities I may be in photographs. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

**REQUIRED CONSENT BY PARENT OR GUARDIAN FOR MINORS
(Under age 18 Years of Age)**

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act, and I do release said parties on behalf of the minor and the parents or guardian. By my signature hereto, I join in and agree to be bound by the above waiver and release the same as the minor.

We certify that the information supplied in this application is true and correct to the best of our knowledge and belief and that the participant applying for membership meets the qualifications and criteria for membership in the Southern Indiana Junior Rodeo Association (SIJRA). By applying for and receiving membership, we hereby agree to follow all rules and guidelines set forth by SIJRA and to abide by all decisions and rulings of the governing committees and boards of this association.

Signature of Parent or Guardian 1 _____

Printed Name _____ **Date:** _____

Signature of Parent or Guardian 2 _____

Printed Name _____ **Date:** _____

Signature of Minor _____

Printed Name _____ **Date:** _____