

NMJRA MEMBERSHIP APPLICATION & RELEASE FORM  
2010 SEASON

The NMJRA is an organization of unmarried, non-professional junior cowboys and cowgirls 19 years of age and under. Please fill in all blanks. You may use one form for entire family. Send applications with \$35 for individual or \$50 for entire (immediate) family.

If you would like a subscription to The All-Around publication, send \$10 with your application and we will sign you up. This year, the All-Around will have a page for NMJRA to post rodeo dates, locations, sponsors and other important information.

Name of Contestant: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Age as of January 1<sup>st</sup>: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Age as of January 1<sup>st</sup>: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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If any of the above information is found to be false, your membership is automatically terminated and your dues, points, and standings are forfeited. The burden of proof lies with the members in case of any questions related to the above information.

A COPY OF BIRTH CERTIFICATE FOR EACH CHILD MUST BE ENCLOSED WITH MEMBERSHIP APPLICATION.

The below release must be signed and notarized even if you are competing as a non member and not joining the association.

MINORS RELEASE

We the undersigned parents of all contestants listed above do hereby fully agree and consent to the participation of our child/children in any or all NMJRA rodeos or functions. We release the NMJRA, stock contractors, producers, directors, and any other persons, corporations and organizations in any manner assisting the sponsorship and the production on any NMJRA rodeo and or function from any and all liabilities for injuries occurring to our child/children. WE GIVE LOCAL HOSPITALS, PHYSICIANS, AND OR MEDICAL PERSONNEL AT THE RODEO PERMISSION TO ADMINISTER NECESSARY EMERGENCY TREATMENT FOR INJURIES OUR CHILD/CHILDREN MAY INCUR WHILE PARTICIPATING IN ANY NMJRA RODEO.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 2010. Before me personally appeared \_\_\_\_\_  
to me known to be the persons who executed the foregoing release and acknowledgement that the signed same as their free act and deed.

\_\_\_\_\_  
Notary

Please mail to: LISA WADE  
P.O. BOX 1151  
PERALTA, NM 87042

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My Commission Expires