

2024 KJRA MEMBERSHIP APPLICATION

- Pee Wees must be 3 years old by the date of rodeo
- Junior & Senior age divisions are based on ages as of January 1, 2023
- A photo copy of your birth certificate(s) must be enclosed with your application
- Juniors and Seniors member's must turn in a W-9 form

\$55 ANNUAL MEMBERSHIP	P FEE. PER CC	ONTESTANT OR		
\$150 ANNUAL FAMILY MEN			OS IN SAME	E HOUSEHOLD OR
NON-MEMBER – ALLOWS A				
BUT DOES NOT ALLOW YOU TO R	ECEIVE ANY	POINTS TOWARD	S YEAR EN	D.
Contestant Name(s), Age(s), Dates of Birth				
Name	Age	Date of Birth	/	/
Name	Age	Date of Birth	/	<u>/</u>
Name_	Age	Date of Birth	/	<u>/</u>
Name	Age	Date of Birth	//	<u> </u>
Mother/Guardian	Fa	nther/Guardian		
AddressPhone ()Email Ad	City		State	Zip
Phone () Email Ad	dress			
entry of any contestant. I/we acknowledge that the truthfully accurate. KJRA Rule Book Waiver				
I and Official Rodeo "Rule Book", and any other recomply with the and be bound by the same.	rules adopted by	the Kingman Junior R	odeo Associat	ion, and I agree to
Signature of Contestant			Date	
Signature of Contestant			Date	
Signature of Contestant	Date			
Signature of Contestant			Date	
Father/legal Guardian Signature			Date	
Mother/legal Guardian Signature			Date	e
MUST BE SIGNED BY BOT	TH PARENTS A	AND NOTARIZED T	O BE ACCE	PTED
Subscribed and sworn before to me this	day of		, 20_	<u>.</u>
My Commission expires:	Notary Public in and for the county of			
Notary Signature				



KJRA RELEASE OF LIABILITY-2024

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Rodeo Sports and Events organized by **Kingman Junior Rodeo Association** ("KJRA"), of 790 Hope Road, Golden Valley, Arizona, 86413 and/or use of the property, facilities and services of KJRA, I agree for myself and (if applicable) for the members of my family, to the following:

- 1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by KJRA, including the terms of membership and Bylaws of KJRA, or the employees, volunteers, representatives or agents of KJRA.
- 2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge KJRA for injury, loss or damage arising out of my or my family's use of or presence upon the facilities owned, leased or utilized by KJRA, whether caused by the fault of myself, my family, KJRA or other third parties.
- 3. I agree to indemnify and defend KJRA, and all contractors, venues, vendors and agents against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of KJRA.
- 4. I agree to pay for all damages to the facilities or equipment used, leased, or owned by KJRA caused by my or my family's negligent, reckless, or willful actions.

5. I ,	of	,	,	Arizona		,
-	(Parent or Guardian)	(City)	(County)		(Country)	
conse	ent to the participation of	•		of		•
		(Participant last name)	(Participant first Name)		(City)	
	, Arizona,	i	n Rodeo Sports and	Events, a	ind agree on	behalf of
(Cour	nty)	(Country)	-		J	
the al	bove minor to all of the ter	rms and conditions o	f this Agreement. By	signing	this Release	of Liability,
I repi	resent that I have legal au	thority over and cust	ody of	·		
			(Participant Na	me)		

6. In the event of an injury to the above minor during the above described activities, I give my permission to KJRA or to the employees, representatives or agents of KJRA to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on January 01, 2024 and will remain in effect until terminated in writing by the undersigned or December 31, 2024, whichever occurs first. KJRA shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician, EMT, paramedic, and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
- 7. Any legal or equitable claim that may arise from participation in the above shall be resolved under Arizona law.
- 8. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that KJRA has offered to refund any fees I have paid to participate in activities if I choose not to sign this Agreement.
- 9. This Agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
- 10. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.
- 11. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and under Mohave County Arbitration, judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

(Relationship:

) at

12. In case of an emergency, please call

	8 71		(Name)	(Relationship to participant)
	(Day), or		(Evening).	
(Phone)		(Phone)	,	
I HAVE READ	THIS DOCUMEN	T AND UND	DERSTAND IT. I FUR	THER UNDERSTAND THAT BY
SIGNING THIS	S RELEASE, I VOI	LUNTARILY	Y SURRENDER CERT	TAIN LEGAL RIGHTS.
Dated:				
Signature:				