



Hardway Buckout, Inc.
Hardway Pro Bull Riders

187 Princess Drive
Rochester, New York 14623-4648
(585) 334 - 2111
FAX (585) 321-1332
E-mail Address: dspaff@hotmail.com

MEMBERSHIP APPLICATION

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone (Area Code) _____ E-Mail Address _____

Cel Phone (Area Code) _____

Full Membership	\$60.00 (\$85.00 after May 24, 2008)	Jr. Bull Riding	\$25.00
Associate Membership (non-riding)	\$25.00	Permit (1 ride)	\$15.00

Please make checks payable to: **Hardway Pro Bull Riders**
All monies must be in US Funds

Associate Member _____ New Member _____ Reinstated Member _____ Card/Permit Number _____

Bull Riding _____ Jr. Bull Riding to age 14 (Div. 1) _____ Bull Fighter _____ Judge _____
Jr. Bull Riding to age 18 (Div. 2) _____

Barrel Racing _____

Rookie Status _____ (First year in Hardway and have not won \$500 or more in any other association)

NO APPLICATION WILL BE PROCESSED WITHOUT PHOTO COPY OF INSURANCE

I, hereby agree, by my signature below, state that I will comply with the rules and regulations of the Hardway Buckout, Inc. I recognize that there are risks inherent to the sport of bull riding and I hereby assume those risks as to personal injury, damage to property and damage to livestock. I hereby agree to waive all claims against and to absolve from liability the Hardway Buckout, Inc., its members, officers and directors. Also, their contractors, producers, sponsors and also hold harmless these above-mentioned parties if a third party is injured due to my negligence. I furthermore agree to furnish my own medical insurance and I declare that I am twenty-one (21) years of age or have parent and/or legal guardianship consent to participate in the sport of bull riding. I also agree that if I am a minor under twenty-one, my parent(s) and/or legal guardian(s) agree to hold the above waiver and the above hold harmless agreement to be true.

Applicant's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

Notary Public _____ Date _____ Seal:

If applicant is under 21 application must be notarized.

Total Amount Enclosed _____