



2019 ROPEMETRICS MEMBERSHIP FORM



- PLEASE PRINT LEGIBLY -

FIRST NAME _____ LAST NAME _____

DATE OF BIRTH ____/____/____ MALE FEMALE (KNOWN AS) _____

PHONE NUMBER: CELL# (____) _____ HM# (____) _____ CELL CARRIER _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ SOCIAL SECURITY # _____ - _____ - _____

EVENT WHERE MEMBERSHIP PURCHASED: _____

Select your Membership:

Auto-renew yearly? Yes No

- \$100 - Standard Membership
 - \$200 - Family Membership
 - \$300 - Platinum Membership
 - \$30 - Monthly Membership
(only available at approved events)
- (50% off) Silver Discount ***
(Must qualify as 70+ yrs. OR Under 21 yrs.)

MUST FILL OUT THIS SECTION:

Other associations you have belonged to:

USTRC/TRIAD	Heading #	Heeling #
_____	_____	_____

STATEMENT AND RELEASE

In consideration for being allowed to participate in this voluntary activity, I release from liability and waive my right to sue RopeMetrics, their agents, employees, officers, volunteers, producers, arena owners, and sponsors from all claims, including claims of negligence, resulting in any physical injury, death, or economic loss I may suffer or which may result from my participation in these competitions, travel to and from, or any events incidental to this competition. I am voluntarily participating in these equine competitions. I understand that there are extreme risks associated with my participation in this type of activity, such as physical and/or psychological injury, pain, suffering, illness, death, or economic loss. These injuries may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility(ies); nonetheless, I assume all risks of my participation and results thereof. I agree to hold the harmless from all claims, loss or damage to my personal property, liabilities, and costs, including attorney's fees, as a result of my participation in this series of competitions. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the RopeMetrics and associated entities mentioned from all liability, (b) waiving my right to sue, (c) and assuming all risks of participating in these voluntary events. If I need medical treatment as a result of my participation in these equine competitions or any events incidental to this competition, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that RopeMetrics nor associated entities provide health insurance for me and that I should carry my own health insurance.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from membership, competition, or winnings. I understand and agree that I am financially responsible for payment of Membership in the amount stated and hereby give RopeMetrics permission to charge credit card on file.

Signature _____ Date: _____

FILLED OUT BY OFFICE

First Name _____ Last Name _____ Card No. _____

Security No _____ Expiration Date ____/____/____ Billing Zip Code _____

PAID _____ DATE ____/____/____ CASH CHECK