



**Fully completed Membership Form is required**  
 Membership is good for one full season and permits member to join any RopeMetrics event

### Vision Statement

- To Preserve the history of Team Roping, while improving the industry for future generations
- To Improve the experience for all involved, including producers, ropers, and spectators
- To Provide the most access and transparency to Roper's stats and metrics than ever before
- To Offer a fair classification system that judges on personal performance and not circumstances
- To Allow everyone to engage in the sport we all know and love from anywhere and anytime

### Membership Benefits

Benefit	Standard	Family	Platinum
<b>Price</b>	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>
Average Time	✓	✓	✓
Number of Entries	✓	✓	✓
Total Winnings	✓	✓	✓
Basic Push Notifications *			
- Team count for your division	✓	✓	✓
- Team Number and Partners			
Online Entry	✓	✓	✓
Qualify for Medical Benefits	✓	✓	✓
- Roper and Immediate Family			
Live Updates *			
- Top Performers			
- Payouts	✓	✓	✓
- Winners			
- Live Updates per run			
Reserve Stalls			✓
Pay with Check			✓
Premium Push Notifications *			
- 'X' runs until your team			✓
- 'X' runs until short round			
Personal Stats			
- catch percentage			
- split time average			✓
- breakout average			
- ROI			
Historical Platinum RopeMetrics data			✓

\* At participating events only

- Members 70 and over & 20 and under in calendar year get 50% off any annual membership
- Monthly Memberships available online and participating events only

# 2019 MEMBERSHIP FORM

Please print legibly

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Known By(Nickname) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: Hm (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Email Address \_\_\_\_\_ Auto-renew yearly? Yes  No

### Select your Membership:

Standard Membership (\$100)

Family Membership (\$200)

Platinum Membership (\$300)

Standard Monthly (\$15)

Silver Discount (50% off)\*

\*Must qualify and purchase annual membership

### 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: \_\_\_\_\_

CHECKS PAYABLE TO: ROPE METRICS

MAIL TO: PO BOX 355 ROGERSVILLE MO 65742

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### FILLED OUT BY OFFICE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Card No. \_\_\_\_\_

Security No \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_