



Roping's 4 Ropers, Inc.  
 R4R Secretary: Sue Gorham  
 21615 Grand Avenue, Wildomar, CA 92595  
 Phone: (619) 277-5005

**ROPING'S 4 ROPERS APPLICATION**

I, the undersigned, agree as a condition of participation in any activity, in this Association, Roping's 4 Ropers, at any R4R Arena, to release, save harmless, defend, protect, and indemnify any person and/or organization in anyway associated therewith and their agents, members, officers, and directors (including, but not limited to: sponsors, stock contractors, chute help, timers, and officials) from loss, damages or liability of any sort arising out of, or in anyway relating to my participation in said activity. If the participant is a minor, the undersigned parent or guardian acknowledges that they have read this agreement and agree to be bound by its term as a releaser and as a guarantor and indemnitor of said persons and/or organizations and their agents, members officers and directors, for the minor and in the minor's place instead. I waive all rights which I now have or may have by virtue of any section if any Civil Code which may read similarly: "A general release does not extend to the claims which a creditor does not know or suspect to exist in his favor at the time of executing the release, which is known by him and must have materially affected his settlement with the debtor." I, the undersigned, agree to abide by all the Roping's 4 Ropers Association, Inc. rules. The Association reserves the right to accept or reject any membership or entry. Deadline for memberships is set by associates. No member will be reimbursed once accepted. Points for the finals will not start until the membership is accepted.

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SOC. SEC. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ SEX \_\_\_\_

NICKNAME \_\_\_\_\_ EMAIL \_\_\_\_\_

RODEO/ ROPING ASSOCIATIONS YOU BELONGED TO IN THE LAST 5 YRS.  
 \_\_\_\_\_

ORIGINAL USTRC# \_\_\_\_\_ ACTRA# \_\_\_\_\_ TRIAD# \_\_\_\_\_

R4R# \_\_\_\_\_

\$75 RENEWAL. IF ADDRESS CHANGE PLEASE CHECK

\$75 NEW MEMBERSHIP INDIVIDUAL

\$95 NEW MEMBER DOUBLE NUMBER REQUEST

\$25 DAY PERMIT (WILL NOT COUNT FOR YEAR END)

\$120 FAMILY MEMBERSHIP

(SPOUSES AND CHILDREN UNDER THE AGE OF 18 ONLY)

FAMILY MEMBERS INCLUDED IN MEMBERSHIP

1) \_\_\_\_\_ DOB \_\_\_\_\_

2) \_\_\_\_\_ DOB \_\_\_\_\_

3) \_\_\_\_\_ DOB \_\_\_\_\_

4) \_\_\_\_\_ DOB \_\_\_\_\_

5) \_\_\_\_\_ DOB \_\_\_\_\_

YOU MUST QUALIFY TO ATTEND THE YEAR END FINALS BY COMPETING AT A MINIMUM OF TEN (10) R4R ROPINGS THROUGHOUT THE YEAR

**MEMBERSHIP FORM MUST BE SIGNED AND DATED BEFORE ACCEPTANCE.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE IF UNDER 18

\*\*\*Membership form must be signed and dated before acceptance

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ HEAD # \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

FROM WHOM \_\_\_\_\_ HEEL # \_\_\_\_\_

CHECK TOTAL \_\_\_\_\_ INITIALS \_\_\_\_\_