

NATIONAL RODEO ASSOCIATION

CAN: 058 447 993 ABN: 36 058 447 993 Street Address: Corner of Tuckaroo Drive and Beerburrum Road, Caboolture QLD 4510 Postal Address: PO Box 1477, Caboolture QLD 4510

JUNIOR RODEO DAY MEMBERSHIP NOMINATION FORM

Requirements: All fields on these forms <u>must</u> be completed for your nomination to be accepted. Email your completed form as a <u>PDF document</u> to <u>entries@nationalrodeoassociation.com.au</u>. You will receive a response email confirming whether your nomination has been accepted or declined. Accepted nominations will be issued a reference number. Unaccepted nominations will include a reason. Nominations <u>must</u> be paid by 12:00pm Monday or they will be cancelled. If you have not received a response by the close of central entries, please confirm that your email was sent correctly and contact the NRA Office before entries close to confirm receipt. It is <u>your responsibility</u> to ensure all requirements are completed.

Events: Select the event(s) you wish to nominate for by marking the corresponding box. <u>Only</u> events advertised for the junior rodeo you are nominating for may be selected. Junior competitors are <u>eligible</u> to enter events within their own age group. They may step up one age group <u>only if</u> the desired event is not included in their own age group. If an event is available within their age group, it can <u>only</u> be entered <u>once</u> – they <u>cannot</u> also nominate for the same event in the next age group to compete twice. All available events and their entry fees are advertised on the NRA website for each rodeo.

JUNIOR RODEO NAME: ______ RODEO DATE: _____/____

| Junior Rodeo Events | X | Entry Fee | | |
|-----------------------|----|-----------|---|--|
| Under 8 Years of Age | ^ | Linuyree | BANK DETAILS: | |
| Barrel Race | | | Provide your bank details below for prizemoney payouts. | |
| Dummy Roping | | | Account Name: | |
| Under 12 Years of Age | | | | |
| Barrel Race | | | BSB Number: | |
| Dummy Roping | | | | |
| Breakaway Roping | | | Account Number: | |
| Pole Bending | | | | |
| Poddy Ride | | | PAYMENT METHOD: | |
| Mini Bull Ride | | | Indicate your payment method for nominations by marking | |
| Under 15 Years of Age | | | the corresponding box and following the directions. | |
| Barrel Race | | | | |
| Breakaway Roping | | | Option 1 – Card Payment (note: 2% surcharge applies) | |
| Pole Bending | | | Neme en Cant | |
| Calf Tying | | | Name on Card: | |
| Junior Steer Ride | | | Card Number: | |
| Mini Bull Ride | | | | |
| Under 18 Years of Age | | | Expiry: CVV: | |
| Bull Ride | | | Card payments are processed at 12:00pm Monday. You must | |
| | | | ensure sufficient funds are available to provide payment. | |
| Saddle Ride | | | | |
| Bareback Ride | | | Option 2 – Direct Deposit Payment | |
| Rope & Tie | | | | |
| Chute Dogging | | | The payment reference <u>must</u> include your surname and | |
| Team Roping | | | reference number when issued by central entries. Deposits | |
| Barrel Race | | | must be transferred by 12:00pm Friday to ensure they are | |
| Breakaway Roping | | | received by the 12:00pm Monday deadline. Payment must | |
| Pole Bending | | | include the event entry fee(s) and day membership fee; | |
| Day Membership | X | Fee | central entries will advise the total nomination fee. | |
| Iunior Day Membership | X | \$3.00 | Account Name: National Rodeo Association Ltd. | |
| TOTAL NOMINATION FEE | \$ | | BSB Number: 034 640 Account Number: 285 150 | |

NRA Office:

Monday – Friday 9:00am – 3:00pm Phone: 07 5495 8668 Fax: 07 5495 7384 Email: <u>office@nationalrodeoassociation.com.au</u> Central Entries: Wednesday 10:00am – 2:00pm Thursday 2:00pm – 6:00pm Phone: 07 5499 1700 Email: <u>entries@nationalrodeoassociation.com.au</u>

www.nationalrodeoassociation.com.au



EVENT AND CONTACT DETAILS

SIGN

U18 APPLICABLE

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IMPORTANT NOTICE FOR COMPETITORS - YOU MUST READ THIS CAREFULLY

Rodeo is a dangerous sport, and individuals may get injured in the course of their participation. The Association has put in place Rules and Policies for competition, which are designed to protect the competitors and address issues of animal welfare. However, accidents can happen, and individuals may get injured. While the Association has put in place a list of benefits, which are set out, more particularly below, those benefits are not taken as any form of indemnity and the Association requires that you provide a waiver of your rights in consideration of the matters that are set out below. In requiring this waiver, the Association does so in the interest of the sport of rodeo and the continued operations of that sport in the future and the welfare and interests of its competing members.

WAIVER ACKNOWLEDGEMENT AND INDEMNITY

I, (insert competitors name) agree to be bound by the Constitution of the Association and in the event that I intend to be an active competitor in rodeos conducted by the authority or auspices of the Association <u>acknowledge</u> that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

In consideration of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) <u>do hereby acknowledge</u> <u>and assume</u> any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.

Further, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured. <u>I am aware</u> that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) <u>I confirm</u> that I have signed this *Junior Rodeo Day Membership Nomination Form* of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

I <u>acknowledge</u> that payment of day membership binds all day members to abide by the Constitution, Policies and Rules of this Association and the Code of Practice of the sport of rodeo.

| RODEO: | RODEO DATE:/// | |
|---|---|--|
| ADDRESS OF COMPETITOR: | | |
| PHONE NUMBER: | D.O.B:/// | |
| EMAIL ADDRESS: | | |
| NAME OF EMERGENCY CONTACT: | | |
| EMERGENCY CONTACT PHONE NUMBER: | | |
| COMPETITOR SIGNATURE: | DATE: // | |
| NAME OF WITNESS: | WITNESS SIGNATURE: | |
| THIS SECTION IS ONLY REQUIRED IF THE CO | OMPETITOR IS UNDER 18 YEARS OF AGE. | |
| NAME OF PARENT/LEGAL GUARDIAN: | | |
| SIGNATURE OF PARENT/LEGAL GUARDIAN: | | |
| NAME OF WITNESS: | | |
| NRA Office: | Central Entries: | |
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| Phone: 07 5495 8668 | Thursday 2:00pm – 6:00pm | |
| Fax: 07 5495 7384 | Phone: 07 5499 1700 | |
| Email: office@nationalrodeoassociation.com.au | Email: entries@nationalrodeoassociation.com.a | |

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