

*Pawhuska Roundup Club Membership Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ Single \$5.00    \_\_\_\_\_ Couple \$7.50    \_\_\_\_\_ Family \$10.00

**\*\*\*After June 1<sup>st</sup> Membership Fee will be \$25.00 flat fee\*\*\***

*Please list the individuals that are included in this membership. Date of Birth is needed for all individuals under the age of 19 as of January 1<sup>st</sup> of the calendar year.*

*Family Member*

*Date of Birth*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**RELEASE FORM**

*In consideration of allowing the individuals listed above membership, we agree, we will in no manner hold the Pawhuska Roundup Club, or its agents, officers, directors, rodeo producers or any individuals connected with the rodeo or association liable or responsible in case of any accident or injury to the contestant, stock, or property and further we hereby **RELEASE AND AGREE TO HOLD HARMLESS** the Pawhuska Roundup Club, its' agents, officers, directors, rodeo producers or any individuals connected with the rodeo or association from any and all liability for damage to person or property as the result of or related to the participations of any Individual. We are fully aware of the dangers involved and have read this release and fully understand its terms.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*President or Vice-President*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Secretary/Treasurer*

\_\_\_\_\_  
*Date*