



**Professional Championship Bull Riders 2010 Membership Application**

Please print legibly. This application must be filled out completely, signed and submitted to:

Professional Championship Bull Riders at P.O. Box 831, St. Charles, IL 60174

Name \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
City State Zip

Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN# \_\_\_\_\_

(CHECK TYPE OF MEMBERSHIP REQUEST)

CONTESTANT: \$90 \_\_\_\_\_ STOCK CONTRACTORS: \$90 \_\_\_\_\_ JUDGES: \$90 \_\_\_\_\_

PRODUCERS: \$125 \_\_\_\_\_ BULL FIGHTERS: \$90 \_\_\_\_\_ PHOTOGRAPHERS: \$125 \_\_\_\_\_

SPECIALTY ACTS: \$ 90 \_\_\_\_\_ SECRETARY: \$90 \_\_\_\_\_ ANNOUNCERS: \$:90 \_\_\_\_\_

**Waiver & Release**

I Understand the Hazards and Risk inherent in participation in Bull Riding and Barrel racing events, and specifically, I recognize that Bull Riding and Barrel racing otherwise participating in PCB Tour event is an inherently and extremely dangerous. I further understand that bulls are extremely dangerous and unpredictable animals. I represent to the PCB Tour that I am Physically fit and sufficiently trained to participate in PCB Tour events. Nonetheless, I expressly and knowingly, freely and voluntarily, accept and assume all risk associated with my participation in any PCB tour event. In consideration of my being permitted to participate in and capacity in a PCB Tour event, I agree to unconditionally and forever release, waive, discharge, and hold harmless the PCB Tour and its owners, employees, members, subcontractors, independent contractors, agents, Officials, sponsor, or any other person or entity of and from any and all liability, claims, demands, or cause of action that I, my guardian or next of kin may have for death, bodily injury, or property damage arising for, relating to in anyway connected with my participation in the PCB Tour Event (hereinafter, the "Release"). I give the release even if such damages or losses are caused by the negligence or other fault of the PCB Tour and their owners, employees, independent contractors, subcontractors, agent, members, officials, or other participants. I further assume and will pay my own medical expenses in the event of accident, illness or other incapacity, regardless of whether i have authorized such expense. APPLICANTS UNDER THE AGE OF 18 MUST HAVE THE APPLICATIONS NOTORIZED AND SIGNED BY PARENTS OR LEGAL GUARDIAN.

**APPLICANT SIGNATURE**

\_\_\_\_\_ DATE: \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_ DATE; \_\_\_\_\_