

Member Card # _____

TRIPLE C PRODUCTIONS Membership Application

Participant Name _____ DOB _____ age as of January 1,2008 _____
Address _____
City, State, Zip _____
phone # _____ e-mail address _____

Membership fee is to be paid in full in order for contestant's points for an event to qualify for year end awards, prior to contestant riding in said event. If contestant enters an event without membership fees paid and receives points for that event, the points will not be valid towards the year end awards. **No Exceptions.**

**The first membership per family is \$65.00 then \$35.00 membership for any additional contestants.

PLEASE LIST BELOW IF MORE THAN ONE SAME HOUSEHOLD COMPETITOR
(NAME, AGE, & EVENT ENTERED)

1. \$65.00 _____
2. \$35.00 _____ **note we must have
3. \$35.00 _____ seperate release
4. \$35.00 _____ forms signed per member*

NON-COMPETING MEMBERSHIP \$35.00

_____ STOCK CONTRACTOR	_____ RANCHER
_____ ANNOUNCER	_____ BREEDER
_____ SECRETARY	_____ CATTLEMEN/WOMEN
_____ TIMEKEEPER	_____ HORSEMEN/ WOMEN
_____ BULLFIGHTER	_____ OTHER: PLEASE EXPLAIN _____
_____ CONTRACT ACT	_____ STOCK HELP
_____ JUDGE	
_____ GATE ADMISSIONS	

T-Shirt Size: YTH S (6-8) YTH M (10-14) SM M LG XL
1X 2X 3X please circle

Release of All Claims

Father Signature _____ Mother Signature _____

if applicant is under 19 years of age, mother, father, or legal guardian of the above named applicant who has applied for entrance into Triple C Productions who upon their oath deposed and says this applicant is a capable rodeo performer and hereby give permission for said applicant to participate in any Triple C Productions event and do hereby release the liability in case of accident, injury and or death to the applicant or their animals. Permission is also given to the emergency medical personal and/or nearest hospital to administer emergency medical treatment for injuries he/she may incur while participation in any Triple C Productions approved event. Each contestant is responsible for their own medical insurance and payment of all expenses resulting from such medical treatment. Triple C Productions assumes no responsibility for any loss due to theft. Under Texas Law an Equine Professional is not liable for any injury to or the death of a participant in Equine Activities resulting from the inherent risk of Equine activities. The applicant for youth events up to the age of 19 attest that he/she has not reached their 20th Birthday on or before 01/01/2008.

State of _____

County of _____

Before me the undersigned, a notary public in and for said County and State on this day personally appeared.

Date _____ Notary Signature _____

MEMBERSHIP \$65.00 = _____

ADDITIONAL MEMB. \$35.00 X _____ = _____

NON-COMPETING MEMBERSHIP \$35.00 = _____

TOTAL MEMBERSHIP DUES = _____

DATE PAID _____

Please include the following for each member:

1. Completed membership application
2. \$65.00 membership fee (\$35.00 membership for additional same household competitor)
3. Current photo (youth 19 & under)
4. Copy of birth certificate (youth 19 & under)
5. Each member is required to sell \$100.00 worth of sponsorships or advertising

Mail all info to:

Triple C Productions
P.O.BOX 610
Florence, TX 76527
512-762-8146

Triple C Productions assumes no responsibility for any loss due to theft.
The undersigned has read the foregoing statement and fully understands its contents.

DATE: _____ SIGNATURE: _____