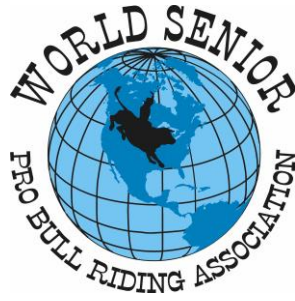




| Stock Contractor Membership Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Participant Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |             |
| Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Home Phone: | Cell Phone: |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |             |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State:      | Zip:        |
| AGREEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |             |
| <p>ACKNOWLEDGEMENT OF RISK: The undersigned acknowledges that Rodeos are dangerous activities and that participation in a Rodeo (Bull Riding) as a Contestant, Spectator, Employee, or Volunteer exposes the participant to a substantial and serious risk of property damage, personal injury, or death. The undersigned expressly acknowledges that his/her participation in the Rodeo will involve such a hazard.</p> <p>RELEASE OF SPONSORS: The undersigned, being fully aware that participation in the Rodeo will expose him/her to substantial and serious risk of property damage and/or personal injury or death, hereby releases all Sponsors from Liability for any and all property damage, personal injury or other claims arising from the undersigned's participation in the Rodeo, including those that are known and unknown, foreseen and unforeseen, future or contingent.</p> <p>COVENANT NOT TO SUE: The undersigned covenants that the undersigned shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit, or other proceedings against the WSPBR, Stock Contractors, Sponsors (or their officers, directors, employees, agents or affiliates) concerning, arising out of, or related to the actions, causes of actions, claims and demands hereby waived, released or discharged by the undersigned.</p> <p>ASSURANCE: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release.</p> <p>BINDING EFFECT: This release shall be binding upon the Undersigned and the Undersigned's Spouse, legal representatives, heirs, successors and assigns.</p> |             |             |
| SIGNATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |             |
| THIS RELEASE HAS BEEN CAREFULLY READ BY THE UNDERSIGNED AND THE UNDERSIGNED FULLY UNDERSTANDS ITS TERMS AND CONDITIONS AND HAS VOLUNTARILY EXECUTED AND DELIVERS THIS RELEASE AS OF THE _____ DAY OF _____ YEAR _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |             |
| Signature of Participant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date:       |             |
| WSPBR Official:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date:       |             |

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## WSPBR MEMBERSHIP OATH

I, \_\_\_\_\_, hereby acknowledge that the WSPBR membership is an INVITATION ONLY privilege and NOT A RIGHT, and that membership may be withdrawn, denied, terminated, suspended or modified at any time, with or without cause, at the sole and absolute discretion of the WSPBR. I hereby agree to conduct myself in a professional, moral and financially responsible manner or, in the sole and absolute discretion of the WSPBR, face immediate dismissal, suspension, loss of awards, and/or fines. I agree to be bound by and conduct myself in accordance with the bylaws, rules, policies and code of conduct of the WSPBR which are subject to change and I, for and on behalf of myself and my spouse, children, parents, next of kin, heirs, representatives, successors and assigns, expressly waive and release any and all claims for personal injury, death, property damage or any other claim that I have now or may have in the future against the WSPBR, its parents, subsidiaries, affiliates, members, officers, directors, agents, officials and sponsors, and any WSPBR sanctioned, approved or affiliated bull riding production entity and their respective affiliated, associated, related, parent or subsidiary companies. This provision shall be binding upon me, as well as upon my spouse, children, parents, next of kin, legal representatives, heirs, successors and assigns. I understand the hazards and risks inherent in bull riding, realize that bull riding is an inherently and extremely dangerous event and I accept those risks. This oath shall be valid and applicable for all future periods of membership even if not resigned each year or each season. I swear that the information stated above is both accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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