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**2020 MEMBERSHIP FORM**

FIRST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Please give our announcer “fun facts” about you and/or your horse?

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Your 2020 membership fee will be **$60 + $4.95** sales tax. Please send the total **$64.95** by check to Revolution Barrel Racing, P.O. Box 1617, Pilot Point Texas 76258. This membership will allow you to enter all Revolution Barrel Racing Productions, Sanctioned races, and the 2020 Revolution Barrel Racing Finale. You must have a current Revolution Barrel Racing membership before any competition where you are seeking Revolution Barrel Racing Finale qualification.

---Please read over our rules and formats so you are familiar with them before the start of the 2020 season.----https://www.revolutionraces.com/rules-formats

DISCLAIMER OF LIABILITY

I hereby request membership with Revolution Barrel Racing LLC. I agree to become familiar with Revolution Barrel Racing rules and regulations and be bound by them. I further agree to hold harmless Revolution Barrel Racing LLC, arena owners, event promoters, sponsors, and any person connected with Revolution Barrel Racing produced or sanctioned events from losses, damages, or injury to me, my equipment and/or my animals resulting in my attendance or participation in any Revolution Barrel Racing produced event. Since we are traveling to different states for the 2020 season you must read and agree to all terms from each state. By signing below, you are agreeing that you have read and understand these rules and notices. Please Refer to the links below for full details of the law. <https://statutes.capitol.texas.gov/Docs/CP/htm/CP.87.htm> www.oklegislature.gov/cf\_pdf/1995-96%20INT/hb/HB1108%20INT.pdf

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18&U Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_