

WRANGLER MID-EASTERN TEAM ROPING ASSOCIATION  
2012 MEMBERSHIP FORM

\$40.00

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

2012 METRA NUMBER \_\_\_\_\_ 2011-2012 USTRC Triad Number \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

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

EMAIL ADDRESS \_\_\_\_\_

NEW MEMBERS ONLY WHO DO NOT HAVE A 2010 USTRC CARD:

YOUTH: 13 OR UNDER AS OF  
1ST DAY OF THE POINT

HOW LONG HAVE YOU BEEN ROPING: \_\_\_\_\_

YEAR(09/19/11) \_\_\_\_\_

MAKE CHECK PAYABLE & MAIL TO: METRA

C/O NANCY KIRKMAN  
4467 STARMOUNT RD  
LIBERTY, NC 27298  
336-622-2229  
Email - nkirkman@rtelco.net

.....  
office use only:

Check no: \_\_\_\_\_ Received: \_\_\_\_\_ Name: \_\_\_\_\_ Amt: \_\_\_\_\_ METRA CARD NO: \_\_\_\_\_  
.....

**LIABILITY WAIVER AGREEMENT**

I understand and accept that Team Roping with METRA exposes me many hazards and participating in this activity entails unavoidable risk of death, personal injury and loss of or damage to property. I choose to participate in this activity in spite of these risks and understand I should be in good physical health to participate.

In consideration of METRA furnishing services and equipment enable me to participate in this activity, I hereby assume the risk of injury or loss of life to myself and loss of or damage to property arising out of my participation in such a trip and specifically release METRA, its officers, board of directors, members, property owners and cattle contractors from any and all liability as to any right of action or claim to relief that may accrue to me, my heirs or personal representatives of injury, loss of life or property loss or damage which I suffer while participating in such activities.

I understand METRA carries no medical insurance for participants.

I have carefully read this agreement and fully understand it contents. I am aware this is a waiver and a release of liability and I sign it voluntarily.

Signature \_\_\_\_\_ Parent or Guardians \_\_\_\_\_