

WRANGLER MID-EASTERN TEAM ROPING ASSOCIATION
2010 MEMBERSHIP FORM

\$40.00

DATE: _____

2010 METRA NUMBER _____ 2009-2010 USTRC Triad Number _____

NAME: _____

ADDRESS: _____ PHONE NO.: _____

CITY: _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

NEW MEMBERS ONLY WHO DO NOT HAVE A 2009 USTRC CARD:

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

HOW LONG HAVE YOU BEEN ROPING: _____

YEAR(09/14/09) _____

MAKE CHECK PAYABLE & MAIL TO: METRA

C/O NANCY KIRKMAN
3961 BUNTON SWAIM 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 _____