

# IMBA

PO BOX 460  
Foyil, OK 74031

## Membership Fee \$75

### Membership and Release Form

Contestants Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age as of January 1, 2018 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

❖ Fees now include insurance coverage to paid members at any IMBA sanctioned event in the USA.

I/We certify that the age and date of birth of the above child is correct, and do hereby consent to said child join the International Miniature Bullrider's Association (IMBA). In consideration of allowing above child to join the IMBA, I/We agree that I/We will in no manner hold the IMBA, or its agents, officers, directors, producer, or any individual connect to the IMBA event, liable for any accident, injury, property damage, or death to contestant, property, assistants, or stock. And further, I/We do hereby RELEASE and agree to HOLD HARMLESS, the IMBA, its agents, officers, directors, producers and any individual connected to the IMBA, from any and all liability for damage, injury or death as result of, related to the participation of any child in any capacity in IMBA events. I/We are full aware of the dangers involved in IMBA participation, and have read this release and fully understand its terms, I/We are also aware that this membership may be denied or revoked at the discretion of the IMBA based on actions by my/ourselves or our child deemed detrimental to IMBA or affiliated association. IN the case of revocation membership is non-refundable.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(Legal Guardian must attach documentation)

County of: \_\_\_\_\_

State of: \_\_\_\_\_

This document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 2018

Notary of Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_