

WILLITS FRONTIER DAYS

Official Entry Form

LOCAL TEAM ROPING

at CCPRA Rodeos

Contact: Bobbie Tilley - 707-485-8749

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HEADER _____ # _____

Phone Number: _____ Address: _____

HEELER _____ # _____

Phone Number: _____ Address: _____

All contestants must sign RELEASE AND WAIVER AGREEMENT (page 2), and if contestant is under 18 years of age a parent or legal guardian must also sign.

Performance: _____

Please specify the date of performance you are entering. If partner(s) are unknown, write "unknown": but full team fee must accompany entry, and partner(s) must sign release form prior to show.

LOCAL IS CONSIDERED MENDOCINO, LAKE AND HUMBOLDT COUNTY RESIDENTS

20 PER DAY / \$60 PER TEAM

#6 cap for the team. ACTRA #'S. Two Loops. Standard rules.

You may only **ENTER ONCE** | Full entry fee to pot, less secretary fees
Western Hats, Boots and Long Sleeve Shirts **MANDATORY**.

Event will be filled "first come, first served." Entry will only be guaranteed if secretary has received ENTRY FORM and FULL TEAM FEES. If only part of teams are picked to run in performance, the balance will run in slack following performance.

***ENTRIES WILL BE ACCEPTED, SUBJECT TO TEAM MAXIMUMS, UNTIL ONE HOUR BEFORE GRAND ENTRY ON JULY 3**

ENTRY FEE ENCLOSED: \$ _____ *(Make payable to Willits Frontier Days)*

Completed entries can be:

Snail Mailed to:

Bobbie R. Tilley
9001 West Road
Redwood Valley, CA 95470

Fill it out Electronically:

www.willitsfrontierdays.com/events
Print and send in with payment

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RELEASE and WAIVER of LIABILITY AGREEMENT

I acknowledge that I have voluntarily applied to participate in the Willits Frontier Days, Inc., Local Team Roping Event at the Willits Frontier Days, Inc., facilities. It is my responsibility to inspect the facility for safety (check arena for debris, check any and all gates, fences, etc.), before entering, and report any problems or damage to the Willits Frontier Days Administrative Office immediately. I am aware that the above described activities are hazardous activities and I am voluntarily participating in these activities with the knowledge of the danger involved. I agree to assume any and all risks of bodily injury, death, or property damage.

I verify these statements by placing my initials here: Contestant _____ Partner _____

Parent or Guardian initials: Contest Parent/Guardian _____ Partner Parent/Guardian _____
(Parent must initial if participant or partner is under 18)

As consideration for being permitted by Willits Frontier Days, Inc., and the City of Willits, California, to participate in these activities, and use of their facilities, I hereby agree that I, my assignees, heirs, distributors, next of kin, spouse, and legal representatives will not make claim against, sue or attach the property of the Willits Frontier Days, Inc., the City of Willits, Willits, California, or any of their affiliated organizations for injury or damage resulting from the negligence of other acts, however caused, by any officer, director, volunteer, employee, agent, or contractor of the Willits Frontier Days, Inc., the City of Willits, Willits, California, or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Willits Frontier Days, Inc., and the City of Willits, Willits, California, and any of their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributors, guardians, next of kin, spouse, and legal representatives, now have or may hereafter have, for injury or damage resulting from my participation in the activities described above.

I hereby carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and Willits Frontier Days, Inc., the City of Willits, California, and / or their affiliated organizations and sign it of my own free will.

Executed at: (City) _____, (State) _____, on (Date) _____ / _____ / _____

YOUR SIGNATURE CERTIFIES YOU HAVE READ AND WILL ABIDE BY ALL RULES ASSOCIATED WITH WILLITS FRONTIER DAYS LOCAL TEAM ROPING.

SIGN NAME: _____ **DATE:** _____
PRINT NAME: _____

SIGN NAME: _____ **DATE:** _____
PRINT NAME: _____