



# 2022 SEBRA Membership Application

Fill out COMPLETELY and LEGIBLY. Mail to SEBRA, 6111 Canter Road Archdale, NC 27263 or faxed to (732) 399-6249 or scan & email to [chan@gosebra.com](mailto:chan@gosebra.com).

Date: \_\_\_\_\_ Renewal: Yes \_\_\_\_\_ No \_\_\_\_\_ Cell# ( \_\_\_\_\_ ) \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency # ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Rookie~ Yes \_\_\_\_\_ No \_\_\_\_\_ (Applies to Bull Riders ONLY)

NOTE: To be eligible for rookie status you must be a first-year member and been riding for less than 5 years.

### Waiver & Release

By making application to join the SEBRA, Applicant agrees to participate in SEBRA sanctioned events at Applicant's own risk. Applicant hereby releases and discharges SEBRA and its directors, officers, representatives, employees, stock contractors, producers and agents from liability, loss, claims, damages and expenses for injuries to person, property, reputation or financial condition as a result of or in any way relating to Applicant's participation or failure to participate in any SEBRA sanctioned event, whether caused by negligence, by arena or facility conditions, by the conduct of the SEBRA sanctioned events of the administration or failure to enforce any SEBRA rules, regulations or guidelines, or otherwise. The applicant agrees to release and discharge the SEBRA, its agents and employees and the owner of the property from any and all claims and/or liability arising and agrees that the same are not liable and are exempt from lawsuits for injuries or Covid-19 virus or any virus or illness resulting from competing during any SEBRA sanctioned event. Applicant knows and agrees that by his application on this form he/she completely releases SEBRA and its directors, officers, representatives, employees, and agents from any liability, including negligence. Applicant voluntarily chooses to participate in SEBRA sanctioned events, and freely and willingly consents to same. Applicant further acknowledges that he has no absolute property or other right to participate in SEBRA events. Applicants agree to follow and be bound by the rules, regulations, and guidelines of the SEBRA as amended from time to time. Applicant agrees that his sole and exclusive remedy for any disputes is appeal to the SEBRA appeals board pursuant to SEBRA appeal procedures contained in the SEBRA Rule Book and agrees that all decisions of the appeals committee are final and conclusive. By signing, the applicant also agrees to have his image used as taken by any SEBRA-authorized photographer for use in promotion of SEBRA and any of its partnerships including producers and sponsors.

### **Membership Dues Valid 12/4/21 thru 12/?/2022**

\*Competing Memberships

Bull Rider: \$150 \_\_\_\_\_

Barrel Racer: \$150 \_\_\_\_\_

Producer & Stock Contractor: \$150 \_\_\_\_\_

Producer Only: \$150 \_\_\_\_\_

\*Labor Cards are for personnel that do not compete. Labor Card = \$50

Check all that apply:

Announcer \_\_\_\_\_

Barrel Man \_\_\_\_\_

Secretary \_\_\_\_\_

Photographer \_\_\_\_\_

Bull Fighter \_\_\_\_\_

Roper/Drive Out Man \_\_\_\_\_

Specialty Act \_\_\_\_\_

Judge \_\_\_\_\_

**\*Applicant Signature: X** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Application must be notarized if applicant is less than 18 years of age & signed by parent or guardian.**

**\*Parent Signature (If Under 18) X** \_\_\_\_\_

Sworn & subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_ Affix Seal Here

Check form of payment: Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ PayPal: \_\_\_\_\_ Money Order#: \_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Card# \_\_\_\_\_ Pin# \_\_\_\_\_



For Credit Card Use Only:

Mastercard: \_\_\_\_\_ Visa: \_\_\_\_\_ Discover: \_\_\_\_\_

Complete and sign below for Visa, Mastercard or Discover payment.

\*Additional \$10 administrative charge for payments applies to credit card.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Required) Last 3 Digits of Code on Back of Card \_\_\_\_\_

(Required) Name on Card and address that your financial institution has listed for you as the billing address.

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_