

Little Britches Youth Association

Application for Membership



By presenting this form, the applicant hereby requests membership in the Little Britches Youth Association (LBYA). Understanding this membership would extend to the completion of the current Association year. The Association year begins on November 1st of each year and concludes on October 31st of the following year. The LBYA Board must approve this application. If not accepted, the application fees will be returned by mail and notification sent by the email provided.

By submitting this application, the family members agree that they have read and will abide by the established Rules and By-Laws and are expected to participate in the operation of association activities.

In addition, we acknowledge that participating as a competitor, participant, volunteer or spectator exposes a competitor, participant, volunteer or spectator to a substantial and serious risk of property damage, personal injury or death. Furthermore, we affirm that we have read and agree to the Little Britches Youth Association HOLD HARMLESS RELEASE/PARTICIPANT RELEASE WAIVER.

Furthermore, I acknowledge that I, the participant, parent or legal guardian will be responsible for any and all costs incurred by the participant or the participants family members or injuries or property damage that I or my family may incur, and that I, the participant, parent or legal guardian, have medical insurance coverage in force for injuries that I or my family may incur.

I acknowledge that I, the participant, parent or legal guardian will be responsible for my actions, negligent or otherwise and those of my family members and or legal wards and animals. And also affirm that I, the participant, parent or legal guardian does carry personal liability insurance coverage now in force for these instances.

I acknowledge that I, the participant, parent or legal guardian participate in this event entirely at my own risk of injury and loss and affirm that I, the participant, parent or legal guardian hereby release and hold harmless LBYA, Latigo Equestrian Center, the sponsor, co-sponsors, their owners, officers, directors, members, affiliated organizations, agents and others acting on its behalf from any and all claims that may arise as a result of this decision to participate.

I acknowledge that I, the participant, parent or legal guardian may purchase and wear ASTM-Standard/SEI certified equestrian helmets while participating in equine activities. I understand that the wearing of such headgear may reduce the severity of head injuries in the event of a fall or other related accident.

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Participant Name (Print)	Birth Date	M/F	Size Youth - S, M or L Adult - S, M, L or XL

Address _____

City, State & Zip _____

Phone (Primary) _____

Phone (Secondary) _____

Email Address _____

I hereby consent to the entry and participation of me and my child/children in LBYA activities for the current Association Year and acknowledge that I have read this membership form in its entirety, including reverse side, the LBYA Rules and By-Laws in their entirety and agree to the terms, conditions and waivers as set forth therein and accept full responsibility for the participation of my child.

Parent/Guardian/Youth Member aged 18 (print)	Signature	Date

In the event of the signature of only one parent or guardian, such parent or guardian affirms they have the authority to bind both parents and/or guardians with their signature.

Fees: \$75 for one member \$150 for two members \$200 for three or more members

Note: Each renewing family membership is responsible for obtaining a minimum \$50.00 sponsorship submitted on or before the second rodeo of the current year to qualify for year-end awards.

Return Completed Form to LBYA Rodeo Secretary, PO Box 433 Bennett, Co 80102.

Office Use for New Enrollments:

Birth Certificate(s) confirmed by _____
Board Member or Rodeo Secretary Date

Office Use:

Membership Fees _____ Entry Fees _____ Sponsorship _____

Cash or Check # _____ Amount \$ _____ Application Rejected: _____