

BCTRA Membership Form and Waiver 2025

THIS WAIVER AND INDEMNITY CONTAINS CLAUSES WHICH MAY LIMIT OR AFFECT THE LEGAL RIGHTS OF THE PERSON(S) SIGNING IT. PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING IT YOU ARE ACKNOWLEDGING THAT YOU HAVE READ IT AND UNDERSTAND IT FULLY.

In consideration of being permitted to participate in an event sanctioned by the British Columbia Team Roping Association and where prize money and/or prizes may be awarded the undersigned Member acknowledges and agrees:

1. That there is an inherent danger and high risk of injury, including death, involved in team roping and/or other rodeo events both to the individual participating and to others.
2. I assume full responsibility for any injury, loss or damage to myself, any and all stock animals owned by me and to my personal possessions, tack and equipment whether caused by myself, by accident, or by the negligence of others.
3. I acknowledge that I have been advised to carry insurance including disability insurance for injury to myself, third party liability insurance for injury or damage caused by me to the person, property and equipment of others and life insurance.
4. I hereby Release the British Columbia Team Roping Association, its directors officers, employees, volunteers, and agents as well as all other registered participants from any liability or claim for any loss, damage, injury which I may suffer or incur or arising in any way out of or in connection with my attendance at or participation in any BCTRA sanctioned team roping event notwithstanding that the same may have been occasioned or contributed to by any act or failure to act of the British Columbia Team Roping Association or its directors, officers, employees, volunteers or agents.
5. I further agree to indemnify and hold harmless the British Columbia Team Roping Association, its directors, officers, employees, volunteers, and agents from any claim, loss, demand or damage made against it and /or them by any party or person whatsoever including myself, my heirs, executors, administrators, successors and assigns, arising in any way out of or in connection with my attendance at or participation in any BCTRA sanctioned team roping event.
6. This Release Waiver and Indemnity shall be a continuing one and it applies to all British Columbia Team Roping sanctioned events that I may attend or participate in, in the future until you are otherwise notified in writing.
7. I am of the full legal age of 19 years [or, in the event the participant is under the age of 19 the participant has the consent of his/her parents or legal guardians who have signed this Release Waiver and Indemnity].
8. This Agreement shall be interpreted according to the Laws of the Province of British Columbia.
9. This WAIVER RELEASE AND INDEMNITY is binding upon the signatory and his/her heirs, executors, administrators successors and Assigns.

All Members MUST have Horse Council or your membership is void, all HC memberships expire Dec. 31st each year*

PERSONAL INFORMATION:

NAME: _____ BIRTHDAY: MTH _____ DAY _____ YR _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____

TELEPHONE #: _____

HEAD # _____

CELL #: _____

EMAIL: _____

HEEL # _____

(Optional - You will receive News Letters and Updates)

Full Membership \$155.00 _____ (includes Global Membership of \$85) (if you hold a current Global then the cost is \$70)

allows a roper to rope at any BCTRA approved roping, and attend the finals, provided they have attend 4 or more ropings

Junior Membership \$105.00 _____ (includes Global Membership of \$85) (if you hold a current Global then the cost is \$20)

a member is considered a junior if they are the age 16 or younger, on the date they purchase a card

Horse Council Membership #: _____

Note: **You must have a valid British Columbia Horse Council Membership or your membership is void. All HCBC memberships expire December 31, each year**

All BCTRA Memberships expire after 2025 Finals

Global Memberships expire on December 31 of each year

THIS RELEASE WAIVER AND INDEMNITY is hereby SIGNED by the Member this _____ day of _____, 20_____.

Signature of Member or Guardian

Signature of Witness

* Parent of Legal Guardian of Participant if Participant is under the age of 19 years.