



# Oklahoma State University Rodeo Association

## Membership Application

Name:	
CWID:	Date of Birth:

Local Address	
Address:	
State:	Zip:
Cell Phone Number:	
Email:	

Permanent Address	
Address:	
State:	Zip:

Parent's Information (for OSU Rodeo Boosters to send information) <i>optional</i>	
Parent's Name:	
Address:	
State:	Zip:
Phone Number:	Email:

NIRA Information	
NIRA Card Holder <input type="checkbox"/> Yes (Card Number: _____) <input type="checkbox"/> No <input type="checkbox"/> Pending	
Event(s):	

College Information	
College    CASNR    A&S    CHES    SSB    COE	
<small>(Please circle one)</small>	
Major	Classification

I will be participating in various activities sanctioned by the OSU Rodeo Association at the OSU Rodeo Arena. As such, I understand the danger involved in this activity. Furthermore, I realize and understand that Oklahoma State University assumes no responsibility for my use of any of the facilities, and that any use of the facilities is at my own risk. I agree that if I chose to utilize the facility during times that an OSU Rodeo Association Advisor/Coach or designee is not present; I do so at my own risk. In the case of an accident. I, therefore, do hereby agree to absolve Oklahoma State University and those approved to advise the coach or designee, of any liability in the event of injury while using the Arena. I further agree that University officials or appointed officials may seek emergency medical treatment at my expense. This waiver is valid through August 31, 20\_\_\_\_\_.

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