



# Elite Professional Bull Riders, LLC.

PO Box 749 Stevensville, MT 59870

## 2017 Personnel Application

(fill out front & back)

Application Date: \_\_\_\_\_

Event Position (circle one): Announcer | Photographer | Secretary | Other

Legal Name: \_\_\_\_\_  
First Middle Last Nickname

Address: \_\_\_\_\_  
Street City State/ProvLLCe Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Cell Work

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ Coat Size: \_\_\_\_ Shirt Size: \_\_\_\_  
Month Day Year

### Emergency Contact

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

Address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_  
Street City State/ProvLLCe Zip

### Rodeo History

Please describe your involvement with the sport of bullriding, LLCluding the length of time of such involvement.

\_\_\_\_\_  
\_\_\_\_\_

What events or associations (if any) have you participated in?

\_\_\_\_\_

Are there any specific events that you would like to participate in during the 2017 season (please list)?

\_\_\_\_\_

### List Two References

(1)Name: \_\_\_\_\_ (2)Name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please fill out the application completely, read and fill out the pledge, waiver, and release located on the back of this form. Return application along with a \$100.00 check or money order to the address below, or you may pay via credit card by calling the EPB office.

EPB  
PO Box 749  
Stevensville, MT 59870

Phone: (888) 776-5609

Website: www.eliteprobullriders.com  
Email: secretary@eliteprobullriders.com

**\*\*PLEASE MAKE CHECKS AND MONEY ORDER TO: ELITE PROFESSIONAL BULLRIDERS, LLC \*\***

**Elite Professional Bullriders, LLC.**

**Membership Pledge**

I, \_\_\_\_\_ (please print name clearly and initial), do hereby accept that my membership to the Elite Professional Bullriders, LLC. is by invitation only and that my membership may be denied, terminated, suspended, or modified at any time at the discretion of the EPB Board of Directors. As a result of this acknowledgment, I agree to conduct myself in a professional manner at all times during my membership with the EPB. I agree to adhere to all bylaws, rules and codes of conduct of the EPB and I swear that the information I have provided to the EPB to be both accurate and true.

**Elite Professional Bullriders, LLC.**

**Waiver and Release**

I, \_\_\_\_\_ (please print name clearly and initial), acknowledge that bull riding is an extremely dangerous activity, that participation in and presence at a bullriding venue or event, including but not limited to any events or activities sanctioned, approved by or affiliated with Elite Professional Bullriders, LLC. (EPB, LLC.) exposes me to serious and substantial hazards and risks of physical injury and/or death and property damage, and that I have been fully warned with regard to all such risks. I realize that the risks are not restricted to only competing but also include being in the arena, behind the chutes, in the livestock holding area, pens and any other area associated with bull riding events, including any area containing pyrotechnics or other fireworks. Being fully aware of the abovementioned risks surrounding participation and presence at bull riding events and in consideration of being accepted as a member of the EPB, LLC. and participating in EPB, LLC. events, I, for and behalf of my heirs, representatives and successors and assigns, unconditionally agree to assume such abovementioned risks and hereby forever discharge, waive, hold harmless and release EPB, LLC. and its subsidiaries, affiliates, officers, directors, shareholders, employees, members, agents, representatives, volunteers, personnel including judges, secretaries, bullfighters, contractors, chute personnel, and all other parties or entities involved in the sanctioning, production, organization, conduct, sponsorship, advertising, and performance of EPB, LLC. events and activities (hereby listed as "releasees") from any and all claims, demands, losses, costs, liabilities and responsibilities arising from or in any way relating to my participation and/or presence at an EPB, LLC. sanctioned, approved, or affiliated event. I agree to waive any claims, demands, losses, costs liabilities or other responsibilities that are known or unknown, seen, or unforeseen, future or contingent, and whether or not such claims, demands, losses, costs or liabilities arise out of, in whole or in part, by the negligence of the release.

I, \_\_\_\_\_ (please print name clearly and initial) will not now or at any time in the future, directly or indirectly threaten or prosecute any claim, action, suit or other proceeding against the releasees arising out of or related to the claims, demands, liabilities and other responsibilities. In consideration of being granted membership and being able to participate in EPB, LLC. sanctioned, approved, related or affiliated events and activities, I hereby indemnify and shall continue to indemnify and agree to hold harmless EPB, LLC. and all related companies, parent companies, subsidiaries, affiliates, associates, members, partners, shareholders, officers, directors, employees, agents, officials, contractors and sponsors from any and all claims, liabilities, actions and costs, asserted, made or threatened by any person against EPB, LLC and all related releasees in respect to all injuries, damages of property or person, injury or death arising out of participation in any EPB, LLC. sanctioned, approved, affiliated or related events.

I, \_\_\_\_\_ (please print name clearly and initial) understand the undertakings and covenants of the abovementioned provisions shall survive the expiration or termination of any membership or relationship with EPB, LLC. and its related releasees. Application and membership of EPB, LLC. is binding upon me and all heirs, representatives, successors and assigns. This release shall be valid and applicable to all future periods or membership or relationship whether or not I sign each year or season. I have carefully read and understand this release and have been advised to seek legal counsel and advice pertaining to the matters released and waived herein.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that applicant is a **minor**, a parent or legal guardian must fill out the following:

I, \_\_\_\_\_ (name of parent or guardian) affirm that I am the parent or legal guardian of the above named minor. I have read and understand the above stated Pledge, Waiver and Release and hereby agree to be bound by the terms of the Pledge, Waiver and Release both personally and as a representative of the above named minor. I swear the information provided to the EPB, LLC. by the above named minor is true to the best of my knowledge.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary/Commissioner of Oath  
Residing at \_\_\_\_\_  
My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary/Commissioner of Oath