## Florida's Barrel Racers Association

FBRA Membership Application - 6081 Hwy 98 West, Frostproof, FL 33843 (863) 635-0945 (863) 660-6949

Name:		
Mailing Address		
City		
Phone #'s Home	Cell	Work
M/FAgeDOB_	/_/ Email	
Have you been a FBRA member	under a different name? If so SS:	
their time in the state of Florida.  must pay dues before competing.  Members qualifying for awards h  Members wanting to qualify for a  Florida Barrel Racers Ass.  By making application to join the FBR	Any persons wishing to enter Refer to the FBRA rules & it can an a	eement. In FBRA sanctioned events at applicants own risk. The
claims, damages, and expenses for injurelating to applicant participation in a conditions, by the conduct of the FBR/ preparation, supervision or conduct of regulations, or guidance or otherwise. completely releases the FBRA and its dinegligence. The applicant voluntarily the same. The applicant further acknowers. The applicant agrees to follow time to time. The applicant agrees tha board pursuit to FBRA appeal procedu	uries to person, property, reputati ny FBRA sanctioned event, wheth tor its directors, officers, represer f any FBRA sanctioned events or to The applicant knows and agrees lirectors, officers, representatives, choose to participate in the FBRA wledges that he or she has no abs and be bound by the rules, regulations of the solution of the this or her sole and exclusive rem ares and agrees that all decisions of	tatives, employees and agents from all liability loss, toon, or financial condition, as a result of or in any way her caused by negligence, by arena or facility ntatives, employees, and / or agents in the the administration or failure to enforce any FBRA rules that by his or her application on this form, he or she is, employees, and agents from any liability, including a sanctioned events and freely and willingly consents to solute property or other right to participate in FBRA lations, and guidelines of the FBRA as amended from nedy for any dispute is appeal to the FBRA appeals of the appeals review group are final and conclusive.
If applicant is a minor, parent o	r guardian must sign and h	tave notarizea.
SIGNED:		DATE:
APPLICANT:		
D		DATE:
Parent or guardian (if minor)		DATE:
		9

NOTARY PUBLIC

MY COMMISSION EXPIRES:

RETURN THIS FORM WITH CHECK OR MONEY ORDER, MAKE PAYABLE TO FBRA