



INTERSTATES RODEO ASSOCIATION
118 Washington Street
Grand River, Iowa 50108
Phone/Fax: (641) 773-5232

2025 Application

Print Clearly

DATE: _____

Contestant \$85 _____ **Timers - \$45** _____ **Personnel - \$85** _____

Circle one: New Old

Name: _____ IRA #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Soc. Sec. #: _____

I work the following events:

Calf Roping and Over/40 : Circle the one for All-Around points

Breakaway and Calf Roping: Circle one for All-Around points

- | | | | | |
|---------------------------------------|--|--|---|--|
| <input type="checkbox"/> Bareback | <input type="checkbox"/> Saddle Bronc | <input type="checkbox"/> Bull riding | <input type="checkbox"/> Calf Roping | <input type="checkbox"/> Forty & Over CR |
| <input type="checkbox"/> Break-Away | <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Team Roping | <input type="checkbox"/> Steer Wrestling | <input type="checkbox"/> Ranch Broncs |
| <input type="checkbox"/> Timer | <input type="checkbox"/> Judge | <input type="checkbox"/> Pick-Up Man | <input type="checkbox"/> Bull Fighter | <input type="checkbox"/> Announcer |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Barrel Man | <input type="checkbox"/> Specialty Act | <input type="checkbox"/> Stock Contractor | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Clown | <input type="checkbox"/> Secretary | <input type="checkbox"/> Other _____ | | |

Applicants under 18

I certify that the age and date of birth of the below named child is correct, and I hereby consent to the participation of my/our child in the Interstates Rodeo Association, Inc. I agree that in no event will I hold the IRA, Inc., its agents, or employees liable for injury or property damage during participation at an IRA sanctioned rodeo or while enroute to or from an IRA sanctioned rodeo.

Applicant: _____ Birthdate: _____

Address: _____ Age: _____

City: _____ Zip: _____

Phone: _____ Soc. Sec. #: _____

Parent/Guardian Signature: _____ Must be notarized

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____ parent or guardian of the above IRA contestant, and I certify that the above information is true to the best of my knowledge.

Notary Public _____ Date _____ My Commission Expires _____.

The I.R.A. its sponsors, rodeo committees, rodeo production entities, Officers and Directors, employees, and agents of such entities, assume no responsibility or liability for injury or damages to the person, property, or stock of any owner, contestant, or assistant or other claims arising from participation in I.R.A. sanctioned rodeos, including claims that are known and unknown, foreseen and unforeseen, future and contingent.

Signed: _____ Date: _____