



RCBR 2020 Membership

USE ONE FORM PER PERSON OR FAMILY MEMBER- Please print clearly

Name: _____

Address _____

City, State, Zip: _____

Phone: _____ Email Address: _____

WCBRA membership #: _____

Open Point Horse #1 @ \$60 each

Horse's Registered Name: _____

Open Point Horse #2 @ \$45 each

Horse's Registered Name: _____

Youth (17 years and under) / \$35 each

Horse's Registered Name: _____

Under \$500 (Winnings as of race date) / \$35 each

Horse's Registered Name: _____

Who qualifies as novice: (please circle one) horse or rider

Senior (45 years and up) / \$35 each

Horse's Registered Name: _____

TOTAL: _____

MAKE CHECKS PAYABLE TO RIVERSIDE COUNTY BARREL RACERS

I agree to hold harmless RCBR, WCBRA, and all officers, members and volunteers, as well as all personnel in connection with any arena property hosting a barrel race. I understand that barrel racing is a dangerous sport and I assume all risk and responsibility associated with participating in this sport. I assume full responsibility for any accident or injury to any persons, animals or property that I bring onto the grounds, and will in no way hold responsible RCBR, WCBRA, or any arena owner, volunteers and operators liable for injuries arising from attending any function. I also understand that by signing this membership release RCBR to print or publish pictures of your participation and performance results. RCBR membership allows for said member to pursue points for year end awards. I have read, understand and agree to abide by the rules of RCBR & WCBRA and agree to conduct myself in a sportsmanlike manner. RCBR RESERVES THE RIGHT TO REFUSE ANY or REVOKE ANY MEMBERSHIP! Memberships are non- refundable and non-transferable. All information provided will be kept confidential unless a problem or protest arises. **I understand that in order to qualify for Fall series awards, I must be a current member in good standing, ride 4 out of 5 point races for each series, and must turn in a \$50 sponsorship by November 21st race (cash or check only).**

Signature _____ Date: _____