

# PHILOMATH FROLIC & RODEO, INC.

## 2015/16 Membership Application and Waiver Form

Name: -----

Address: -----

City: ----- ZIP: -----

Phone: (Home) ----- (Cell) -----

eMail: -----

### **MEMBERSHIP FEES**

VALID: September 1, 2015 through August 31, 2016

- \$20 Adult – 18 and older  LIFETIME MEMBER  
 \$10 Junior – 10 to 18 years  
 N/A Honorary Junior – 9 and younger (Age -----)

### **COMMITTEES**

I am interested in serving on the following...

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Arena Signs  | <input type="checkbox"/> Craft Fair   | <input type="checkbox"/> Parade        |
| <input type="checkbox"/> BBQ          | <input type="checkbox"/> Dance        | <input type="checkbox"/> Raffle/Prizes |
| <input type="checkbox"/> Booths       | <input type="checkbox"/> Donkey Races | <input type="checkbox"/> Products      |
| <input type="checkbox"/> Clean-up     | <input type="checkbox"/> Finance      | <input type="checkbox"/> Publicity     |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Kids Korner  | <input type="checkbox"/> Rodeo         |
| <input type="checkbox"/> Court        | <input type="checkbox"/> Gates        | <input type="checkbox"/> Tickets       |
| <input type="checkbox"/> Landscaping  |                                       |  |
| <input type="checkbox"/> Other        | -----                                 |  |

### **WAIVER OF LIABILITY**

I (we) accept full responsibility and forever release and waive any and all claims of whatever kind and nature against Philomath Frolic & Rodeo, Inc., its owners, officers, agents and employees from any and all liability (including claims based upon negligence) for any damage of injury which may result directly or indirectly from any cause whatsoever relating to my participation in work parties or events, my rental, possession or use of equipment or facilities, or my working around animals. This release and waiver shall be binding upon my family, heirs, assignees and anyone making a claim by or through me. I also state that I fully understand the danger and unpredictability of working around animals and the equipment and facilities used by them.

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

-----  
**IF A MINOR:** Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return application and fee to:** Philomath Frolic & Rodeo, Inc.  
Membership  
PO Box 522  
Philomath, OR 97370