



MEMBERSHIP FORM 2024

Contestant's Name: _____

DOB: _____ Age as of January 1, 2024: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Membership Fee \$150.00

Please included a copy of rider's birth certificate and a copy of insurance card for AKBuckingBulls records

I/We certify that the age and date of birth of the above child is correct and do hereby consent to the said child to join the AKBuckingBulls Association. In consideration of allowing above child to join the AKBuckingBulls, I/We agree that I/We will in no manner hold the AKBuckingBulls, or its agents, officers, directors, producer, or any individual connect to the AKBuckingBulls event liable for any accident, injury, property damage, or death to contestant, property, assistants, or stock. And further, I/We do hereby RELEASE and agree to HOLD HARMLESS, the AKBuckingBulls, and its agents, officers, directors, producers, and any individual connected to the AKBuckingBulls, from any and all liability for damage, injury or death as result of, related to the participation of any child in any capacity in AKBuckingBulls events. I/We are fully aware of the dangers involved in AKBuckingBulls participation and have read this release and fully understand the terms. I/We are also aware that this membership may be denied or revoked at the discretion of the AKBuckingBulls based on actions by my/ourselves or our child deemed detrimental to AKBuckingBulls and affiliated association. IN the case of revocation membership is non-refundable. All contestants will always need to carry their own medical insurance.

Legal parent/guardian if child is under the age of 18

Print Name: _____ Signature: _____

Date: _____

Insurance Name: _____

Insurance ID: _____ Effective through: _____

OFFICE USE ONLY: PAID(INITIALS): _____ DATE: _____
CASH: _____ or CHECK #: _____