

## RODEO OFFICIAL APPLICATION FORM

OFFICE USE ONLY
Date:
Approved:

PLEASE INDICATE WHICH	POSITION (S) YO	U ARE APPLYING	G FOR		
Announcer		Paramedic/EM	Т		
Arena Director		Photographer			
Bullfighter		Secretary			
Gate		Stock Contracto	or		
Judge		Timer			
Other					
NAME		AGE	D.O.B		
ADDRESS	CITY		_ZIP		
OCCUPATION	PHONE (W)				
HONE (CELL)E-MAIL ADDRESS					
REFERENCES: Name, Address, & Phone				_	
Name, Address, & Phone			·	_	
Please indicate your experience and background i paper and attach to the application.	n the position y	ou have applied	for on a separate sheet o	ıf	
I PLEDGE TO ABIDE BY ALL RULES AND REG understand that I am engaging in an equine eve to or the death of a participant in an equine action insurance coverage for any of the rodeo officials	ent and under To vity. Further be	exas Law; LSHSR advised that LS	RA is not liable for any inj	ury	
Signature	natureDate				

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTIVE AND REMEDIES CODE)
AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITES.