



KAUAI ALL-GIRLS RODEO ASSOCIATION
SPONSORED by the YMCA
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE: home _____ cell _____ work _____

EMAIL ADDRESS: _____

I prefer to receive my information by: Email Text

By signing this application, I agree to abide by all rules of the Kauai All-Girls Rodeo Association

Signature _____ Date _____

Parent or guardian signature if under 18 _____

Also please sign waiver and release on back side of application

KAGRA MEMBERSHIP \$100.00 (Family \$150)
Please make checks PAYABLE TO KAGRA

Office Use: Paid: VENMO _____ check _____ membership # _____ Return

to: KAGRA EMAIL (kagrakauai@gmail.com) If Mailing Send Check with Entry

Waiver and Release
Kauai All Girls Rodeo Association

I hereby release voluntary and forever discharge the Kauai All Girls Rodeo Association (KAGRA), the Kauai YMCA, the Kauai Rodeo Club, CJM Country Stables, and any and all other entities whatsoever related to any KAGRA event or activity, their successors and assigns (hereinafter "entities") from any and all liabilities, claims, demands, attorney's fees, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in any KAGRA activity or event (including but not limited to rodeos, parades, drill team, community rides, fundraisers, pony rides, etc.) including specifically but not limited to negligent acts or omissions of any of the above for any and all bodily injury, death, illness or damage to myself or to my property.

I further agree to hold harmless and indemnify all of the above entities from all damages, defense costs, attorney fees and any other incurred in connections with claims for bodily injury or property damage which I may acquire or which I may negligently cause to others in the course of my participation in said events. In signing this document, I fully recognize that if anyone is hurt or property is damaged while I am engaged in these events I will have no right to make a claim or file a lawsuit against all and any of the above entities even if they are any of them negligently caused the bodily injury or property damage.

Being that participating in any KAGRA activity or event entails known and unknown risks of injury to myself and to others I expressly agree to accept all risks, including risks of bodily injury, arising from my participation in those activity. My participation in those activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite or risks. I understand I can, at any point elect either not to participate or not, mount or dismount and I can elect not to participate in any events. I am also aware that the above entities carry no medical insurance for related activities and events and I assume all responsibilities for medical costs in the event of injury.

Acknowledgement of effect of this Waiver and Release

I understand and acknowledge that by signing this document I have given up certain legal rights and/or possible claims, which I might otherwise assert or maintain against the above entities, including specifically but not limited to rights arising from or claims for the negligent acts or omissions of the above entities. I have assumed responsibility and legal liability for the claims or other legal demands, including defense costs, which may be asserted by spectators or other third parties against me as a result of my participation in the above events. My signature below indicates I have read this entire document, understand it completely, understand it affects my legal rights and waives my legal right to sue any or all of the above entities and agree to be bound by its terms. This agreement shall be governed in all respects by the laws of the State of Hawaii and the above entities shall be entitled to attorney fees and costs in the event I file a legal action.

Name (print)

Signature

Date: _____

If under 18, signature of parent or guardian _____