

TEXAS CLASSIC TEAM ROPING CLASSIFICATION FORM

Header # _____
Heeler # _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email Address _____

Social Security# _____

Current Card Number in: USTRA # _____

Please list three references (Producers)

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Waiver: I hereby agree that the above information is true. I understand the Chapter 87 Law. Under this Texas law, and equine professional is not liable for injury to or the death of a participant in equine activities, resulting from the inherent risks of equine activities. Participant shall not hold, Texas Classic Team Roping Association, its directors, producers, officers, sponsors, or employees liable for any accidents to your person, equipment, or livestock while driving to, from, or during a Texas Classic Team Roping event. Participant has voluntarily chosen to participate in a TCTRA event. Participant agrees to the above terms, having fully read and understood the release waiver.

Applicant Signature _____ Date _____

Parent or Guardian Signature if under the age of 18 _____