

FOR OFFICE USE ONLY

Date Paid:	
Payment Method: _	

Please drop form off in the office at a TPJ race or mail form to: 2771 S 4700 W Ogden, UT 84401

2024 Membership Form

Membership Fee: \$45.00			
Name:			
Address:			
City:	State:Zi	p Code:	
Phone (Cell):	Date of	Birth:	
Email:			
Shirtsize: CoatSize	e: Saddle Seat S	ize:Horse	BlanketSize:
Social Security Number (require	ed to receive a check):		·····
	TURN PROJACKPO	TSWAIVER	
By signing this document, I agree that I a by them.	m aware of and will abide by the Ru	lles and Regulations of the Tur	n Pro Jackpots and any event held
In addition, I hereby waive any and all parties (i.e. Weber County, Box Elder (indirect result of my participation in any Turn Pro Jackpots. My waiver does not in performance at any Turn Pro Jackpots ex	County, the Board of Directors and y Turn Pro Jackpots event. Should a nclude any claim I may have agains	d the agents, members, serva myone or any legal entity bring	nts and employees) as a direct or g such a claim, I agree to indemnify
By signing this document, I agree that I certain risks inherent to my participati conditions which are an integral part of o	ion in an equine or livestock activ	ity. I acknowledge that those	inherent risks include dangers or
(b) The unpredictability of the or(c) Collisions with other anim	nal to behave in ways that may result animal's reaction to outside stimulated and or objects; or pant to act in a negligent manner the	lation such as sounds, sudden	movement, and unfamiliar objects;
	over the animal or not acting withi	-	o the participant of others, such as
	wledge that I am a "participant" in my status as a participant will cont m).	=	=
Dates this	day of,	Year	
Signature of contestant or, if under the age	 e of 18, a parent or legal guardian		_

