ENTRY FORM
INTERMOUNTAIN PRO RODEO ASSOCIATION
QUEEN CONTEST

NAME: _____

PARENT(S): _____

ADDRESS: _____

_____

PHONE: _____ (DAYS) _____ (EVENINGS)

DATE OF BIRTH: _____ AGE: _____
(PLEASE PROVIDE A COPY OF BIRTH CERTIFICATE)

_____SR. QUEEN ($25) _____ TEEN QUEEN ($25) ____ JR. QUEEN ($25) ____Pee Wee Queen ($25)
Make checks out to Intermountain Pro Rodeo Association.

Can you and your horse pack a flag: _____ YES _____ NO

Please include **2 Black & White Photos** wallet size along with a brief bio suitable for the local newspaper with entry.

RELEASE OF LIABILITY

I, THE UNDERSIGNED, BEING A NON-PAID CONTESTANT, APPLICANT, AND PARTICIPATING IN THE MISS INTERMOUNTAIN PRO RODEO ASSOCIATION QUEEN CONTEST WHICH IS SPONSORED BY THE INTERMOUNTAIN PRO RODEO ASSOCIATION, AND RECOGNIZING THAT SAID SPONSOR IS A NON-PROFIT ORGANIZATION, AND RECOGNIZING THE NON-PROFIT NATURE OF THE CONTEST, AS AN EXPRESS CONSIDERATION FOR BEING ALLOWED TO ENTER THE CONTEST HEREBY RELEASE SAID LIABILITY FOR ACCIDENTS OR ANY OTHER LIABILITIES AND MAKES SAID AGREEMENT FOR HERSELF, HER HEIRS AND EXECUTORS, AND THE STATE THAT SHE IS OF LAWFUL AGE AND LEGALLY ENTITLED TO MAKE THIS COMPLETE RELEASE OR IF SHE IS NOT OF LAWFUL AGE, ONE PARENT OR GUARDIAN IS TO SIGN THE RELEASE ALONG WITH THE CONTESTANT.

ALL ACTIVITIES ASSOCIATED WITH THE MISS INTERMOUNTAIN PRO RODEO ASSOCIATION QUEEN CONTEST OFFICIALLY ENDS AT THE CONCLUSION OF THE CROWING CORONATION, AT THE INTERMOUNTAIN PRO RODEO ASSOCIATION FINALS RODEO. AFTER THAT TIME THE INTERMOUNTAIN PRO RODEO ASSOCIATION OR ANY OF THEIR REPRESENTATIVES SHALL HAVE NO RESPONSIBILITIES WHATSOEVER.

PROOF OF GUARDIANSHIP AND/OR COPY OF BIRTH CERTIFICATE MUST ACCOMPANY APPLICATION.

IN WITNESS WHEREOF, the undersigned, being the Decarant herein, hereunto set their hands this _____day of _____, 20_____.

_____
CONTESTANT SIGNATURE

_____
PARENT/GUARDIAN SIGNATURE
(IF CONTESTANT IS UNDER 18 YEARS OLD)

STATE OF IDAHO)
)
County of _____)

On this _____ day of _____, 20_____, the above person(s) appeared before me the undersigned a Notary Public in and for said County and State, the above person(s) whose name is subscribed to the within instrument, and acknowledged to me that executed the same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

_____
NOTARY PUBLIC FOR THE STATE OF IDAHO

_____
TERM EXPIRES