



**White Mountain Apache Tribe
97th Annual WMAT Fair & Rodeo
September 1-2, 2024**



**All Indian Rodeo Contestant Entry Form
(One form per contestant)**

Contestant Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone Number: _____

**All Indian Rodeo Events (Team Roping \$200.00 per team all other events \$100.00 per entry, please check event(s) entering)
 Sunday, September 1st 1:00 PM & 6:00 PM – Monday, September 2nd Short Go 1:00 PM
 Slack, Sunday, September 1st 8:00 AM
 First to enter, last to compete.**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Bareback – limit 10 | <input type="checkbox"/> Tie Down Roping– limit 60 | <input type="checkbox"/> Ladies Barrel Racing–no limit | <input type="checkbox"/> Bull Riding– limit 80 |
| <input type="checkbox"/> Saddle Bronc – limit 10 | <input type="checkbox"/> Steer Wrestling– limit 45 | <input type="checkbox"/> Ladies Breakaway Roping– limit 80 | |
| <input type="checkbox"/> Team Roping (1x) – limit 125 | <input type="checkbox"/> Team Roping (2x's) – limit 125 | <input type="checkbox"/> Team Roping (3x's) – limit 125 | |

Header: _____ Header: _____
 Heeler: _____ Heeler: _____

Header: _____
 Heeler: _____

Total Entry Fee: _____
Admin Fee: _____ \$30
Late Fee (applies after 8/10): _____ \$15
Total Fees Owed: _____

Contestant Waiver

In consideration of being allowed to participate in the White Mountain Apache Tribe Rodeo events, the undersigned hereby releases the White Mountain Apache Tribe, its Committees, Employees, Promoters, Officials, Agents, Representative or Volunteers from legal actions whatsoever arising out of or related to any loss, damage, or injury, including death which may be sustained by me or by any property in my possession or control, while in, on or upon the premises.

I am aware of the risks and hazards inherent upon entering said premises and/or participating in any of these events, and I elect and voluntarily assume all risks of loss, damage, injury and including death, to said property or me.

This release shall be binding upon me, my heirs, next of kin, executors and administrators and I acknowledge and represent that I have authority to execute this waiver.

Participant Signature: _____ Date: _____

(If under 18 years of age, a Parent or Guardian must sign)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

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Total fees paid: _____ Fees received by: _____ Money Order #: _____ Receipt #: _____