



**White Mountain Apache Tribe
97th Annual WMAT Fair & Rodeo
August 31, 2024**



1:00 PM Performance – 8:00 AM Slack

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

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

**First to enter, last to compete. Must be 18 years of age or older.
Except steer riding, with parental consent.**

- Tie Down Roping - \$50 - Limit 20 Breakaway Roping - \$50 - Limit 80 Barrel Racing - \$50 – No Limit Steer Riding - \$50 - Limit 30
 Steer Daubing - \$50 - Limit 60 Team Roping (1x) - \$100/team – Limit 80 Team Roping (2x's) - \$100/team – Limit 80
 Calf Dressing - \$150 per team – Limit 10 teams Dept. Steer Riding \$50 – Limit 15

Header: _____
Heeler: _____

Header: _____
Heeler: _____

Calf Dressing Team Members

1. _____
2. _____
3. _____

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 Name: _____ **Date:** _____

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only

Rev. 07/02/24 plm

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