89th ANNUAL LEWISTON ROUNDUP



September 7-9, 2023 Qualifier August 26, 2023

AMATEUR GIRLS BARREL RACING APPLICATION

Rules & Information

- 1. **FEES:** Entry Fee \$20.00. Office Fee: \$10.00. All paperwork must be accompanied by payment (Total Fees: \$30.00).
- 2. **DEADLINE:** Completed application and fees in full must be postmarked on or turned into the Lewiston Roundup Office no later than 5PM August 18, 2023. Any entries postmarked or received after August 18, 2023 will not be accepted.
- 3. **AGE:** Open to barrel racers age 14 18 years of age as of January 1st, 2023. Copy of birth certificate or government issued photo ID required and must be submitted with the application.
- 4. **DRESS CODE:** Contestants must wear a long-sleeved western shirt or blouse, and a western hat or approved helmet.
- 5. CONTESTANT INSURANCE & LIABILITY: All contestants and/or parent/guardian for contestants under the age of 18 must execute and return with the application the "Contestant Release and Proof of Insurance Form." Contestants must have liability and/or injury insurance acceptable to the Lewiston Roundup Association. Please note, contestants and/or parent/guardians of contestants under the age of 18 will need to attend the Check-In meeting in order to sign additional liability waivers (if applicable).
- 6. **AMATEUR STATUS:** All contestants must be of amateur status only. Professional standing will not be accepted. Professional status is defined as an individual in possession of a Women Professional Rodeo Association (WPRA) permit or card.
- 7. **FORMAT:** First go begins 6:29 p.m. Saturday, August 26 or immediately following the Lewiston Roundup Classic Barrel Race if after 6:29 p.m.). Contestants will compete in both go-rounds. **Draw will be random for both go-rounds and posted after check-in is complete.** The top eighteen contestants, based on lowest aggregate times on two runs, will advance to the Thursday, Friday and Saturday night performances.
 - a. Day and order of performance will be based on contestant draw to be conducted immediately after the Saturday tryouts. Fastest aggregate time will draw for performance first, slowest aggregate time will draw for performance last. Top 18 will be given the opportunity to trade performances as needed, following the draw.
- 8. **PAYOUT:** 100% of Entry Fees collected will be paid out jackpot style, based only on times run during the performances of the Lewiston Roundup. Placings will be paid as follows:

| Contestants | Places Paid | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th |
|--------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Less than 15 | 4 | 37% | 28% | 20% | 15% | | | | |
| 15 - 19 | 5 | 30% | 25% | 20% | 15% | 10% | | | |
| 20 - 25 | 6 | 29% | 24% | 19% | 14% | 9% | 5% | | |
| 26 - 30 | 7 | 25% | 21% | 18% | 14% | 10% | 7% | 5% | |
| 30 + | 8 | 23% | 19% | 17% | 14% | 11% | 7% | 5% | 4% |

- a. Fastest time from the performances of the Lewiston Roundup will be declared Amateur Girls Barrel Racing Champion. First Place/Champion will also be awarded a trophy item at the discretion of the Lewiston Roundup Association.
- b. All checks earned and any awards will be mailed to the address listed on the barrel racing application after the conclusion of the Lewiston Roundup.
- 9. **PATTERN**: Barrels 1 & 2 will be 90 feet apart; Barrels 1 & 3 and Barrels 2 & 3 will be 105 feet apart, with a 60 foot score line. There will be a five-second penalty for each downed barrel. The Lewiston Roundup Association reserves the right to make any changes it deems appropriate in procedures, rules and course without notice.
- 10. CHECK IN: All contestants must check in at the Rodeo Secretary's office between 4:00 and 5:00 p.m. on Saturday, August 26' 2023. For questions contact Lisa 509-780-1828.
- 11. A Health Certification from a Veterinarian is required for all out of state horses. A Coggins Test is required for states other than Idaho, Washington, and Oregon. The Lewiston Roundup Association suggests brand inspections also be readily available in case the Brand Inspector is on-site. Having paperwork within reach when coming through the participant's entrance would be appreciated.

2023 LEWISTON ROUNDUP AMATEUR GIRLS BARREL RACING ENTRY FORM

See Rules & Information for Details PROOF OF AGE IS REQUIRED – NO EXCEPTIONS

| NAME: | DATE | OF BIRTH: |
|----------------------------------|----------------------|--------------|
| ADDRESS: | | |
| CITY: | | |
| PHONE NO | | |
| PARENT(S) NAME(S) | | |
| DESCRIPTION OF HORSE (include na | | |
| RIDING, RODEO and/or BARREL RA | CING ASSOCIATION ME | EMBERSHIPS: |
| | | |
| PREVIOUS AWARDS, HONORS, PRI | IZES OR PAST ROYALTY | AFFILIATIONS |
| | | |
| | | |

RETURN THIS FORM, ACCOMPANIED BY \$30.00 TOTAL FEES, PROOF OF AGE (COPY OF BIRTH CERTIFICATE OR GOVERNMENT ISSUED ID) AND FULLY EXECUTED CONTESTANT RELEASE AND PROOF OF INSURANCE FORM TO:

LEWISTON ROUNDUP ASSOCIATION PO BOX 314 LEWISTON, IDAHO 83501-0314

POSTMARKED BY: August 18, 2023 OR HAND DELIVER TO THE LEWISTON ROUNDUP OFFICE.

PARTICIPANT RELEASE AND PROOF OF INSURANCE FORM

| | | | of agrees to the following: |
|---|---|---|---|
| the participation in a rodeo, | as either a conte damage, persona | estant, an employee or veal injury or death. The u | dges that rodeos are dangerous activities and the plunteer, exposes the participant to a substantial andersigned expressly acknowledges that his/he |
| participation in the rodeo winjury or death, hereby relea | ill expose him/he ases the LEWIST njuries or other o | er to a substantial and se CON ROUNDUP ASSN claims arising from the | <u>RS</u>: The undersigned, being fully aware that crious risk of property damage and/or personal and all sponsors from liability for any and all undersigned's participation in the rodeo includior contingent. |
| future, directly or indirectly ROUNDUP ASSN or spons | , commence or p sors (or their offi | rosecute any action, suit cers, directors, employe | undersigned shall not now or at any time in the tor other proceeding against the LEWISTON es, agents or affiliates) concerning, arising out creby waived, released or discharged by the |
| ASSURANCES: The under and perform this release. | rsigned has full p | power, authority, capacit | ey and right without limitation to execute, deliv |
| | | | |
| LIABILITY AND/OR IN- covered by proper liability is | insurance and/or | NCE: The undersigned injury insurance by the | participant hereby represents that he/she is following company, and the policy number |
| covered by proper liability is | release shall be b | injury insurance by the pinding upon the unders | participant hereby represents that he/she is following company, and the policy number igned and the undersigned's spouse, legal |
| BINDING EFFECT: This representatives, heirs, succe | release shall be bessors and assigns | injury insurance by the pinding upon the unders s. as been carefully and fu | following company, and the policy number |
| BINDING EFFECT: This representatives, heirs, succe | release shall be bessors and assigns | injury insurance by the pinding upon the unders s. as been carefully and fu | following company, and the policy number igned and the undersigned's spouse, legal lly read by the undersigned and the undersigne |
| BINDING EFFECT: This representatives, heirs, successfully understands its terms a | release shall be bessors and assigns and conditions ar | injury insurance by the pinding upon the unders s. as been carefully and fund has voluntarily execut Month | following company, and the policy number igned and the undersigned's spouse, legal lly read by the undersigned and the undersigned ted and delivered this document as of the |
| BINDING EFFECT: This representatives, heirs, successfully understands its terms a | release shall be bessors and assigns and conditions ar | injury insurance by the pinding upon the unders s. as been carefully and fund has voluntarily execut Month | following company, and the policy number igned and the undersigned's spouse, legal lly read by the undersigned and the undersigned ted and delivered this document as of the |
| BINDING EFFECT: This representatives, heirs, successfully understands its terms a | release shall be bessors and assigns and conditions are Day | injury insurance by the pinding upon the unders s. as been carefully and fund has voluntarily execut Month | following company, and the policy number igned and the undersigned's spouse, legal lly read by the undersigned and the undersigned ted and delivered this document as of the 2023 |
| BINDING EFFECT: This representatives, heirs, successfully understands its terms and Proof of Infully understands its terms are participant Signature(NOTE: Participants under | release shall be bessors and assigns and conditions ar Day 18 years of age a | injury insurance by the pinding upon the unders s. as been carefully and fund has voluntarily execut Month must have the following OF PARENT OR LEG | following company, and the policy number igned and the undersigned's spouse, legal lly read by the undersigned and the undersigned ted and delivered this document as of the |
| BINDING EFFECT: This representatives, heirs, successfully understands its terms and Proof of I fully understands its terms are (NOTE: Participants under I, | release shall be bessors and assigns and conditions are Day 18 years of age of CONSENT (Consent) | injury insurance by the pinding upon the unders s. as been carefully and fund has voluntarily execut Month must have the following OF PARENT OR LEG as and conditions and | following company, and the policy number igned and the undersigned's spouse, legal lly read by the undersigned and the undersign ted and delivered this document as of the 2023 g signed by their parent or guardian.) |