

**Matagorda County Fair & Livestock Association**  
**2020 MATAGORDA COUNTY TEAM ROPING EVENT**

Date: Sunday, February 23, 2020  
Place: Matagorda County Fairgrounds Arena  
Time: 2:00 P.M.  
Entry Time: Books open Monday, January 13 through Friday, February 7, from 9:00 A.M. to 3:00 P.M.  
Entry Location: Matagorda County Fair Office – Mailing Address P.O. Box 1803 Bay City, TX 77404, Physical Address: 4511 FM 2668 Bay City, TX 77414 Phone- 979-245-2454  
Draw Time: We will draw on Saturday, February 15 at 9:00 A.M. The draw will be held at Matagorda County Fair Grounds and everyone is welcome to attend.  
Entry Fee: \$80.00 per team (4/head progressive after one) Pick one - Draw one. Each team will be allowed to enter only once. If you draw with someone you are already up with your name will go back into the pot to be drawn again.  
Questions: For questions please call Leissa Schrader @ 979-245-2454 or 979-487-4680

## **Rules**

1. **Must be a Matagorda County Resident.** You must have been a resident for at least the last 180 days.
2. You must be able to show proof of residency (ex. Current TX Driver's License). If you win and cannot show proof of residency you will lose your fees and/or winnings.
3. It is a draw and you may enter four times. If you enter once, you draw once, if you enter twice, you draw twice, etc. Each team will be allowed to enter only once. If you draw with someone you are already up with your name will go back into the pot to be drawn again. (There must be \$80.00 in the envelope for each team) **NO EXCEPTIONS**
4. This is a #11 roping, no cap using the USTRC classifications. You must present a current year's card, or the committee will classify you.
5. The committee has the option to reclassify anyone if they feel the need to do so.
6. Any special needs that a roper has should be presented to the committee before the draw.
7. All classifications will be verified.
8. Average winners will be awarded Champion Header and Champion Heeler buckles.
9. Roper substitutions **will not** be allowed. If you fail to attend, you will forfeit.
10. The committee will approve personal medical releases only.
11. **All entries must be paid in full and in cash. ABSOLUTELY no checks.**
12. There will be no cut off in the first round.
13. USTRC rules will be in affect (except for dress code).
14. Enforcement of all rules will be by the committee.
15. All decisions of the flagman are **FINAL.**
16. Any discrepancies will be addressed to the committee.
17. All decisions will be the final ruling of the committee.
18. Any inhumane treatment to horses and/or livestock will be grounds for ejection from the roping and/or fairgrounds with loss of fees.
19. Top 16 teams will return for a 1 head \$60.00/Team (no stock charge). The rodeo will pay two (2) places and average winners will receive buckles.
20. During the rodeo there will be four teams per performance, Wednesday slack (starting at 7:00 P.M.), Thursday, Friday, and Saturday night show.
21. P.R.C.A. rules/dress code **will** be in affect during the rodeo.
22. During the rodeo performance all youth will be allowed to tie off.
23. **Due to state regulations, contestants must have current Coggins certificate or Vet signed copy**
24. **Unsportsmanlike conduct of any contestant, parent and/or family member will NOT be tolerated. Any person who exhibits unsportsmanlike conduct will be given One verbal warning to abide by the rules. If the unsportsmanlike behavior continues you will be escorted off the premises and banned from ever participating in any Matagorda County Fair and Rodeo event again. If you are escorted off the premises by a Security Officer, you will be issued Criminal Trespass Warning.**
25. All participants must comply with the Matagorda County Fair Association General Rules and Regulations.

MATAGORDA COUNTY FAIR & LIVESTOCK ASSOCIATION  
**2020 MATAGORDA COUNTY TEAM ROPING**  
**EVENT**

**TEAM MEMBERS MUST SIGN RELEASE BELOW**

USTRC # _____
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\_\_\_\_\_  
**(NAME OF HEADER)**

\_\_\_\_\_  
**ADDRESS – CITY, STATE, ZIP**

\_\_\_\_\_  
**(HOME TELEPHONE)**

\_\_\_\_\_  
**(CELL NUMBER)**

\_\_\_\_\_  
**(E-MAIL ADDRESS)**

USTRC # _____
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\_\_\_\_\_  
**(NAME OF HEELER)**

\_\_\_\_\_  
**ADDRESS – CITY, STATE, ZIP**

\_\_\_\_\_  
**(HOME TELEPHONE)**

\_\_\_\_\_  
**(CELL NUMBER)**

\_\_\_\_\_  
**(E-MAIL ADDRESS)**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ ,

participants in the County Team Roping Event of the Matagorda County Fair, Livestock Show & Rodeo, do hereby knowingly and voluntarily release the above referenced event, the Matagorda County Fair & Livestock Exposition Association (Matagorda County Fair & Livestock Association), Board of Directors, members, judges, volunteers and employees of the Matagorda County Fair & Livestock Association, and Matagorda County, and any other person, firm, or individuals charged and chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns from and against any and all claims, lawsuits, demands, damages, loss of services, actions, and causes of action based upon, arising out of, or in any way related to any honors, awards, or rights sought by me as a participant in the Matagorda County Fair, Livestock Show & Rodeo, the Conduct of business thereat, the ownership and possession of any honors, awards, or rights, thereby, any negligent act, act of misfeasance or nonfeasance by the Matagorda County Fair & Livestock Association with any honors, awards, and rights, bestowed at said events. Further, I do hereby agree to exonerate, hold harmless, and indemnify such event listed above from any and all claims that I or my representatives may have against such events(s) past, present or future in connection with such honors, awards and rights. Such indemnification to include any and all fees (including reasonable attorney fees), costs, and other expenses reasonable incurred by or on behalf of the above referenced event and investigation of or defense against any such claims, lawsuits, demands, actions, or causes or actions. I have read and understand the terms and conditions of this release and indemnity agreement by counsel of my own choosing. I do fully understand the terms of this agreement and do intentionally and voluntarily agree to the same.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness Date