

**AHSRA RODEO RELEASE FORM (UPDATED JUNE 2018)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CELL # \_\_\_\_\_ GRADE: \_\_\_\_\_ BACK # \_\_\_\_\_ DISTRICT: \_\_\_\_\_

DATE OF RODEO: \_\_\_\_\_ NAME OF RODEO: \_\_\_\_\_

SCHOOL RELEASE: NAME OF SCHOOL: \_\_\_\_\_ SCHOOL PH # \_\_\_\_\_

I certify that the student named above meets the grade & conduct qualifications & is in good standing at above name school.

SIGNED: \_\_\_\_\_ PRINCIPAL DATE: \_\_\_\_\_

**PARENT RELEASE:**

We the parent(s) or guardians of \_\_\_\_\_ give the \_\_\_\_\_ Hospital & Physicians on the Medical Staff of the hospital permission to administer NECESSARY EMERGENCY treatment for injuries the contestant may incur while participating in the \_\_\_\_\_ high school rodeo. We understand each contestant must be & is covered by medical insurance. We hereby release the hospital, medical staff, rodeo sponsors and the AHSRA from all liability except for negligence.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

POLES/BARRELS \$20.00, ALL STOCK EVENTS \$30.00 PER EVENT PER DAY, PLUS \$5.00 MANDATORY INSURANCE & \$5.00 FINALS FEE PER DAY.

**HIGH SCHOOL EVENTS**

DAY 1 DAY 2

TIE DOWN ROPING	_____	_____
BAREBACK	_____	_____
STEER WRESTLING	_____	_____
BULL RIDING	_____	_____
SADDLEBRONC	_____	_____
BARRELS	_____	_____
POLES	_____	_____
BREAKAWAY ROPING	_____	_____
GOAT TYING	_____	_____
BOYS CUTTING	_____	_____
GIRLS CUTTING	_____	_____
COW HORSE	_____	_____
QUEEN	_____	_____
TEAM ROPING	_____	_____

HEADER: \_\_\_\_\_ HEELER; \_\_\_\_\_

PARTNER: \_\_\_\_\_

**JUNIOR EVENTS**

DAY 1 DAY 2

TIE DOWN ROPING	_____	_____
BAREBACK	_____	_____
CHUTE DOGGING	_____	_____
BULL RIDING	_____	_____
SADDLEBRONC	_____	_____
POLES	_____	_____
GIRLS BREAKAWAY	_____	_____
BOYS BREAKAWAY	_____	_____
GIRLS GOAT TYING	_____	_____
BOYS GOAT TYING	_____	_____
RIBBON ROPING	_____	_____
ROPER: _____	RUNNER: _____	_____
PARTNER: _____	_____	_____
TEAM ROPING	_____	_____

HEADER: \_\_\_\_\_ HEELER; \_\_\_\_\_

PARTNER: \_\_\_\_\_

Barrels \_\_\_\_\_