

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 _____