

Timber Lake High School Practice Rodeo
Saturday, May 25, 2024
Performance 12:00 pm MST
FORM MUST BE POSTMARKED BY MAY 10TH, 2024

Contestant Name: _____ Address _____
Contact Number: _____ School/Team: _____

2024 NHSRA Card # _____

ENTRY FEES: _____ TIMED EVENTS: \$40 _____ ROUGH STOCK: \$40 _____

CHECK THE EVENT/EVENTS YOU WISH TO ENTER, PARENT'S SIGNATURE REQUIRED

PERFORMANCE	PARENT'S SIGNATURE
____ Barrel Racing	_____
____ Pole Bending	_____
____ Goat Tying	_____
____ Breakaway	_____
____ Team Roping	_____

HEADER _____ HEELER _____

____ Steer Wrestling	_____
____ Calf Roping	_____
____ Bareback	_____
____ Saddle Bronc	_____
____ Bull Riding	_____

\$ _____ TOTAL

MAKE CHECK OR MONEY ORDER PAYABLE TO: **TIMBER LAKE HIGH SCHOOL RODEO CLUB**
SEND ENTRIES TO: JJ Hunt ~ PO BOX 87 ~ Whitehorse, SD 57661

TLHSR Club and TLRA will not be liable for any injuries to contestants or livestock while participating in or on the rodeo grounds.

We the parents of _____ (name of contestant) give the local hospital and the Physicians on the medical staff of the Hospital permission to administer NECESSARY EMERGENCY treatment for injuries he/she may incur while participating in the SDHSRA practice rodeo. We understand that each contestant must be and is covered by medical insurance. We here by release the hospital, physicians and the medical staff and the RODEO SPONSORS from all liability.

CONTESTANTSIGNATURE: _____ Date _____

PARENT SIGNATURE: _____ Date _____

____ I certify that this student meets current grade and conduct requirements as set forth by the National High School Rodeo Association. The student must be passing in 70% of the classes they are taking to be eligible.

Signed: _____ (Superintendent or Principal)