

**Clark High School Practice Rodeo**

**Date:** May 29<sup>th</sup>, 2017

**Entries Due:** May 20<sup>th</sup>

**Entry Fees:** Timed events **ONLY:** \$30

Jackpot pay out

**Start Time: 12pm**

**Mail Entries to:**

CHS Rodeo % Kristine DeBerg

44332 US Hwy 212

Henry, SD 57243

(605) 881-7521

[kristinedeberg@hotmail.com](mailto:kristinedeberg@hotmail.com)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**2017 NHSRA Card No.** \_\_\_\_\_

**Phone and /Cell Phone #** \_\_\_\_\_

**School you attend** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Events**

**Parents Signature**

___ Barrels	\$30	_____
___ Poles	\$30	_____
___ Goat Tying	\$30	_____
___ Breakaway Roping	\$30	_____
___ Steer Wrestling	\$30	_____
___ Calf Roping	\$30	_____
___ Team Roping	\$30	_____

Header \_\_\_\_\_

Heeler \_\_\_\_\_

**Total Fees Due**        \$ \_\_\_\_\_

**Waiver of Liability**

CLARK PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, 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 or she may incur while participating in the SDHRA practice rodeos. We understand that each contestant must be covered by medical insurance. We here by release the hospital, physicians on the medical staff, and the RODEO SPONSORS from all liability.

**Contestants Signature** \_\_\_\_\_

**Parents Signature** \_\_\_\_\_

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 70% of classes taking to be eligible to compete.

**Signed:** \_\_\_\_\_ **(Superintendent or Principal)**