

Spearfish High School Practice Rodeo
Belle Fourche Round Up Grounds
May 13, 2017 Rodeo #1 9:00 am Rodeo #2 1:00 pm

Name: _____ 2017 NHSRA Card No: _____

Address: _____

Cell Phone #: _____ Email: _____

High School You Attend: _____

Stall Reservations: Annie @ 280-0529 \$20/each No panels/electric fences will be allowed!

Please check which event you would like to enter. Place the fee amount in Rodeo #1 column, Rodeo #2 column, or both depending on which rodeo(s) you are entering. The set fee is per event, per rodeo. There will be a payout for each rodeo. You do not have to enter both rodeos. **Entry Deadline: May 5, 2017**

Late entries will be fined \$20.00

✓	Event	Fee	Rodeo #1	Rodeo #2	Parent Signature
	Barrel Racing	\$35			
	Pole Bending	\$35			
	Breakaway Roping	\$35			
	Goat Tying	\$35			
	Bareback Riding	\$65			
	Saddle Bronc Riding	\$65			
	Bull Riding	\$65			
	Tie Down Roping	\$35			
	Steer Wrestling	\$35			
	Team Roping	\$35			
	*Header: _____	\$35			
	*Heeler: _____	\$35			
	Total Fees per Rodeo	XX	\$	\$	

Make checks payable to Spearfish Rodeo Club

Total fees for rodeo: _____

WAIVER OF LIABILITY:

SPEARFISH PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, OR ON THE RODEO GROUNDS. We, the parent or guardian 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 SDHSRA practice rodeo. We understand that each contestant must be and is covered by medical insurance. We here by release the hospital, physicians on the medical staff, and the RODEO SPONSORS from all liability.

CONTESTANT SIGNATURE _____

PARENTS SIGNATURE _____

Mail to: Annie Hanson, 11096 Snoma Rd, Belle Fourche SD 57717 phone #605-280-0529