

Clark High School Practice Rodeo

Date: May 27th, 2019

Entries Postmarked May 18th, 2019

Entry Fees: Timed events ONLY: \$30

Jackpot pay out

Start Time: 11am

Make checks out to: Clark Horsemens Club

Mail Entries to:

CHS Rodeo % Kristine DeBerg

44332 US Hwy 212

Henry, SD 57243

(605) 881-7521

kristinedeberg@hotmail.com

Name _____

Address _____

2019 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)