

SOUTH DAKOTA HS RODEO ASSOCIATION STANDARD PRACTICE RODEO FORM

NAME OF PRACTICE RODEO _____

DATE: _____ ENTRY FEE \$ PER EVENT _____

NAME: _____

ADDRESS: _____

2019 NHSRA CARD NO: _____

CELL PHONE: _____

EMAIL: _____

SCHOOL YOU ATTEND _____

*****Make sure that you are there by the check in time deadline to be eligible to compete!**

EVENTS

PARENTS SIGNATURE

___ BARRELS	_____
___ POLES	_____
___ GOAT TYING	_____
___ BREAKAWAY ROPING	_____
___ GIRLS CUTTING	_____
___ BOYS CUTTING	_____
___ BAREBACK	_____
___ SADDLE BRONC	_____
___ BULL RIDING	_____
___ CALF ROPING	_____
___ STEER WRESTLING	_____
___ TEAM ROPING	_____
___ HEADER	_____
___ HEELER	_____
___ REINED COW HORSE	_____
___ \$TOTAL	_____

Do you wish to be included in the jackpot? ___ Yes ___ No Include \$ with fees

WAIVER OF LIABILITY:

_____ PRACTICE RODEO COMMITTEE WILL NOT BE LIABLE FOR ANY INJURIES TO CONTESTANTS OR HORSES WHILE PARTICIPATING, OR ON THE RODEO GROUNDS. We the parents 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 rodeos. 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.

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)**