

2019 WALL HIGH SCHOOL PRACTICE RODEO

Saturday May 11, 2019
Performance 3:00 PM MDT

FORM MUST BE POSTMARKED BY APRIL 23, 2019

ENTRY FEE IS \$30 PER TIMED EVENT AND \$45 PER ROUGH STOCK EVENT

Please Print

Name: _____ Address: _____
Phone Number: _____ Town: _____
2019 NHSRA Card # _____ School You Attend: _____

There will be an All Around Average Award given with the Philip Practice Rodeo
Check only the event(s) you wish to enter at the performance.

****Please make sure that a parent signs next to each event****

PARENT SIGNATURE

Performance

_____ \$45 Saddle Bronc _____
_____ \$45 Bareback _____
_____ \$45 Bull Riding _____
_____ \$30 Steer Wrestling _____
_____ \$30 Goat Tying _____
_____ \$30 Barrel Racing _____
_____ \$30 Pole Bending _____
_____ \$30 Breakaway Roping _____
_____ \$30 Calf Roping _____
_____ \$30 Team Roping _____

Header _____ Heeler _____ You must list your partner to enter

MAKE CHECK OR MONEY ORDER PAYABLE TO: WALL YOUTH RODEO CLUB TOTAL \$ _____

SEND ENTRIES TO: BETSY SHEARER, 21848 TRASK RD, WALL, SD 57790 (605) 279-0112

WAIVER OF LIABILITY

WALL 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 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 _____

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 to compete.

Signed : _____ **(Superintendent or Principal)**