2025 Philip High School Practice Rodeo May 10th, 2025

(Entry Deadline: April 26, 2025) Perf. Starts 10:00 AM Registration starts 9:00 AM

Email or Mail Entry To: Reed Johnson PO Box 250 Philip, SD 57567 Email: <u>reed.johnson@k12.sd.us</u> Cell: 605-204-0871

1st Place: Buckle 2nd – 4th: Cash Payout Boys & Girls All Around Prizes

Entry Fees: Timed Events- (Capped to first 150 total Timed Events Entries) Rough Stock- (No Cap) Name: _____

Address:			
NHSRA Card No.			
Phone and/or Cell #			
School You Attend			
E-Mail Address:			
EVENTS	PARENTS SIGNATU	IRE	
BARRELS \$30			
POLES \$30			
GOAT TYING \$30			
BREAKAWAY ROPING \$	30		
SADDLE BRONCS \$50 _			
BULL RIDING \$60			
BAREBACKS \$50			
STEER WRESTLING \$30			
CALF ROPING \$30			
TEAM ROPING (hd or	hl) \$30		
TR Partners name:			
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_____ Total Fees (Add \$5 for Office Fee) MAKE CHECKS TO: Philip High School Rodeo Club Jackpot offered (\$5 per event): pay in cash day of at registration

WAIVER OF LIABILITY

PHILIP 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. **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)