

2022 WALL HIGH SCHOOL PRACTICE RODEO

Saturday May 7, 2022 Performance 9:00 AM MDT

FORM MUST BE POSTMARKED BY APRIL 20, 2022

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

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ TOWN: _____

2022 NHSRA CARD# _____ SCHOOL YOU ATTEND: _____

****PLEASE MAKE SURE THAT A PARENT SIGNS NEXT TO EACH EVENT****

PERFORMANCE

PARENT SIGNATURE

___ \$45 SADDLE BRONC _____

___ \$45 BAREBACK _____

___ \$45 BULL RIDING _____

___ \$30 STEER WRESTLING _____

___ \$30 GOAT TYING _____

___ \$30 BREAKAWAY ROPING _____

___ \$30 BARREL RACING _____

___ \$30 POLE BENDING _____

___ \$30 CALF ROPING _____

___ \$30 TEAM ROPING _____

HEADER _____ HEELER _____ MUST LIST PARTNER _____

OFFICE FEES \$5.00

TOTAL FEES \$ _____

MAKE CHECKS/MONEY ORDER PAYABLE TO: WALL HIGH SCHOOL RODEO TEAM

SEND ENTRIES TO/OR EMAIL: BEKKI REINERT, 17 STONE DRIVE, WALL, SD. 57790 (605)515-4445

EMAIL: breinert@gwtc.net

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 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.

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)