

2023 WALL HIGH SCHOOL PRACTICE RODEO

Saturday, May 6, 2023

Performance 10:00 AM MDT

Forms must be postmarked by April 20,2023

ENTRY FEES: \$30 PER TIMED EVENT AND \$45 PER ROUGH STOCK EVENT

NAME: _____ ADDRESS: _____

PHONE NUMBER _____ TOWN: _____

2023 NHSRA CARD# _____ SCHOOL YOU ATTEND: _____

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

EVENT	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: Deana Fulton, 24777 Creston Rd. Hermosa, SD 57744

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)