

**SOUTH DAKOTA HIGH SCHOOL RODEO ASSOCIATION STANDARD PRACTICE RODEO
FORM-01**

NAME OF PRACTICE RODEO _____
DATE: _____ ENTRY FEE PER EVENT _____

NAME: _____
ADDRESS: _____
2008 NHSRA CARD NO: _____
PHONE: _____
SCHOOL YOU ATTEND _____

EVENTS

PARENTS SIGNATURE

___ QUEEN	_____
___ BARRELS	_____
___ POLES	_____
___ GOAT TYING	_____
___ BREAKAWAY ROPING	_____
___ BOYS CUTTING	_____
___ BAREBACK	_____
___ SADDLE BRONC	_____
___ BULL RIDING	_____
___ CALF ROPING	_____
___ STEER WRESTLING	_____
___ TEAM ROPING	_____
___ HEADER	_____
___ HEELER	_____
___ \$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 _____

NOTARY PUBLIC _____ **DATE** _____

COMMISSION EXPIRES _____

I certify that this student meets current grade and conduct requirements as set forth by the National High School Rodeo Association. Student must be passing in 4 subjects, if student is enrolled in less than 4 subjects students must be passing in all subjects.

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