

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

NAME OF PRACTICE RODEO \_\_\_\_\_  
DATE: \_\_\_\_\_ ENTRY FEE PER EVENT \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
2010 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** \_\_\_\_\_

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)**