

NATIONAL



Contestant Release Form

ATTENTION PARENTS:

If you are unable to attend the NLBRA rodeo your child is competing in, you are required to fill out this form. Make at least three (3) copies. Send one (1) to the rodeo secretary with the entry form, send one (1) with your child to the NLBRA rodeo and one (1) with the family or person your child will be traveling with to the NLBRA rodeo.

WE, THE PARENTS OR GUARDIANS OF:

(NAME OF CONTESTANT(s))

GIVE THE:

(NAME OF LOCAL HOSPITAL)

AND THE PHYSICIANS ON THE MEDICAL STAFF OF THE ABOVE HOSPITAL
PERMISSION TO ADMINISTER NECESSARY EMERGENCY TREATMENT FOR
INJURIES MY CHILD MAY HAVE INCURRED WHILE PARTICIPATING IN THE:

(NAME OF RODEO)

We understand that each contestant must be and is covered by medical insurance.
WE HERBY RELEASE THE:

(NAME OF LOCAL HOSPITAL)

THE PHYSICIANS ON THE MEDICAL STAFF, RODEO COMMITTEE AND
RODEO SPONSORS FROM ALL LIABILITY.

SIGNED: _____

(PARENT OR GUARDIAN of contestant must sign, for all contestants entered, regardless of contestant's age or events entered)