



**THIS FORM MUST BE SIGNED AND NOTARIZED**

We, the parents or guardians of \_\_\_\_\_ (Name of contestant)  
Give ANY HOSPITAL, physicians on the Medical Staff of the Hospital and American Red Cross Volunteers or EMT volunteer's permission to administer NECESSARY EMERGENCY treatment for injuries he or she may incur while participating in the District 6 qualifying rodeo held on the grounds of ANY ARENA. We understand that each contestant must be and is covered by accident insurance provided by the NHSRA. We hereby release Any Hospital; its physicians on the Medical Staff, ambulance service, Red Cross or EMT volunteers and the Rodeo Sponsors from all Liability.

We further hereby give permission for our son or daughter, above named, to participate in any or all events he or she has elected to enter and waive all liability against the management for injuries he or she and/or property may sustain.

Membership in the National High School Rodeo Association by the student and as authorized by the mother, father or guardian, hereby grants permission to use the student's name, photograph, picture, likeness, and physical depiction to be used by such persons, firms, or corporations as may be approved and selected by the NHSRA and will abide by the terms and conditions of any agreement between the NHSRA and such persons, firms or corporations regarding advertising and promotional issues.

**SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day \_\_\_\_\_ 2020.**

\_\_\_\_\_  
NOTARY PUBLIC FOR IDAHO

Residing at \_\_\_\_\_

Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature of contestant

\_\_\_\_\_  
Signature of Parent or Guardian