

Dear Student,

Enclosed you will find the information that you requested on the Deke Latham Memorial Bronc Riding School and Pickup Man School. The school is held at the "Doc' Gardner Memorial Rodeo Arena in Goodwell, Oklahoma.

If your trip to Goodwell, OK requires air travel, Amarillo, TX is the closest airport. Amarillo is located 120 miles south of Goodwell. If you do plan on flying in and need a ride, please contact us with your flight number and the times of your arrival and departure.

The school starts at 9:00 A.M. each day and will go until we're done. Goodwell is a very small town and doesn't have any motels, there are several motels in Guymon or Texhoma, OK (both are 10 miles from Goodwell):

<b>Guymon:</b>	Ambassador Inn 1909 N. HWY 64 580-338-5555	Colonial Inn East HWY 3 & 136 580-338-6586	Comfort Inn 501 5th St., Hwy 54 580-338-0831	Days Inn 620 NE HWY 54 580-338-8801
	Lodge USA 923 NE HWY 54 580-338-5431	Super 8 Motel 1201 NE HWY 54 580-338-0507	Western Townsman Inn 212 NE HWY 54 580-338-6556	Executive Inn 823 NE HWY 54 580-338-8886
	Best Western Guymon Hotel 1102 NE 6th St. 580-338-0800	Holiday Inn Express East HWY 3 800-345-8082	<b>Texhoma:</b>	Home Town Inn 305 W. HWY 54 580-423-3175

Please send your completed entry forms along with a photocopy of your insurance card and your deposits in by 1 week before the school begins. If you would like a confirmation from me of the receipt of your entry, please be sure and include an e-mail address.

Make your money order or cashiers checks payable to:  
"The Deke Latham Memorial Bronc Riding School"

Mail to: Sue Etbauer  
Rt. 1, Box 10-D  
Goodwell, Oklahoma 73949

*(No credit cards will be accepted.)*

If you have any questions, please call **Sue Etbauer** at **620-655-4632**, if you don't get an answer, please leave a message. We can also be reached by e-mail: **retbauer@ptsi.net** The release & entry forms **must be** signed and notarized. If you are under 18, you'll also need one of your parents to sign it and have it notarized also. Every student **must have** some type of medical or health insurance. **There will be no exceptions!** If your parents are unable to attend the school with you, please have them sign a medical release form also (it is on the back of the entry form). We are looking forward to having a great school this year and hope you can be a part of it. Concessions will be available on grounds.

Craig Latham  
620-428-2288  
Robert and Sue Etbauer  
620-655-4632  
Oklahoma Panhandle State University  
retbauer@ptsi.net

# Deke Latham Memorial Bronc Riding School & Pickup Man School Release and Entry Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Past Attendee? \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ If so, what year? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

\*\*\*Every student **must have** proof of medical or accident insurance and **must have entry form notarized** to be able to participate in this school. We will not be held responsible for any accidents.

I hereby agree specifically to abide by all rules, regulations, and requirements, and I further agree to assume on my own behalf and entirety, all liability and responsibility for any accident, collision, misadventure, calamity, casualty, fortuity, misfortune or mishap that may directly or indirectly cause damage to myself or my property while participating in this event or while a spectator thereof. It is particularly understood that I make this waiver as a condition to be allowed to participate directly or indirectly in this event. I release the OPSU Rodeo Club, their employees and agents of any and all liability. I am fully aware of the inherent risks and dangers involved in this event and have read this release and fully understand its terms. I understand that full payment will be assessed if I participate in any part of the school.

I hereby declare that I am \_\_\_\_\_ years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

**My commission expires: \_\_\_\_\_**

**\*\*\*\*\*IF UNDER 18 YEARS OF AGE, MUST ALSO HAVE SIGNATURE OF PARENT OR GUARDIAN.\*\*\*\*\***

We, the undersigned parents or guardians of \_\_\_\_\_, do fully agree and consent to the participation of our child in this event, as an express condition to, and in consideration of the said student, being permitted by the Oklahoma Panhandle State University Rodeo Club to participate directly or indirectly in this event, so hereby waive, relinquish and forgo any and all claims of every nature for damages which may arise by reason of any injury, which said participant may sustain directly or indirectly as a result of participating in this event or while a spectator thereof. We release the OPSU Rodeo Club, and their employees and agents of any and all liability. I am fully aware that participation in this event will expose said student to substantial and serious risk of property damage and/or personal injury or death.

SIGNED: \_\_\_\_\_ &/or SIGNED: \_\_\_\_\_  
(Father or Legal Guardian) (Mother or Legal Guardian)

*In the event of only one parent's or guardian's signature, such parent or guardian has the authority to bind both parents or guardians with their signature.*

**SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

**My commission expires: \_\_\_\_\_**

**MEDICAL RELEASE FORM**

(This form only needs to be filled out if a parent or guardian is not accompanying the Student)

I, \_\_\_\_\_ , hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ , in the event of accident, injury, sickness, etc., under the direction of person(s) listed below, until such time that I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the following time period: \_\_\_\_\_ .

Student's Name (printed) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies?: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to act on my behalf.  
Name: Craig Latham, Danny Etbauer, Billy Etbauer, Robert Etbauer or Sue Etbauer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_