

# Oklahoma Panhandle State University

## Rodeo School Release and Entry Form

- Bull Riding/Cowboy Protection     Calf Roping     Breakaway Roping  
 Goat Tying     Team Roping     Barrel Racing     Steer Wrestling

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, Robert Etbauer or Sue Etbauer

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