## KENTUCKY HIGH SCHOOL RODEO ASSOCIATION PARENT MEMBERSHIP --- 2024-2025

| Kentucky Hig  | nts(s) of<br>gh School Rodeo Ass<br>on and support our st | would like to become parent member(s) in the ociation. As members, we will be able to vote and have other opportunities to be part of oudent athletes.  |
|---------------|---|---|
| One Parent    |   | \$25.00   |
| _             | Name  |   |
| Both Parents  |   | \$35.00   |
|               | Name  |   |
|               | Name  |   |
|               | It is require   | ed that at least one parent be a voting member of the association.  |
| ******        |   | **************************  |
|               | KEN   | TUCKY HIGH SCHOOL RODEO ASSOCIATION PHOTO RELEASE 2024-2025   |
| -             | •   | ohotographs of me and my child in connection with the above-identified subject. In transferees to copyright, use and publish the same in print and/or electronically.   |
| -             | •   | ch photographs of me with or without my name and for any lawful purpose, including for ation, advertising, and Web content.   |
| I have read a | and understand the al                                     | pove:   |
| Member Sign   | nature  | Printed name  |
| Signature, pa | arent or guardian(if ur                                   | nder age 18)  |
| Date          |   |   |
|               |   | ***************************************   |
| We, the pare  | <b>KEN</b> nts and/or guardians                           | TUCKY HIGH SCHOOL RODEO ASSOCIATION  MEDICAL RELEASE 2024-2025  of:   |
| · '           | <b>.</b>  |   |
|               | Please print n  | ame of Contestant   |
| or State Boar | rd chooses for emerg                                      | n the medical staff of the hospital and ambulance attendants that the Qualifying Rodeo ency treatment, permission to administer NECESSARY EMERGENCY treatment for participating in the state approved activities. |
|               |   | ant <b>must be and is</b> covered by medical insurance. We hereby release the designated staff, ambulance attendants, EMT's, all rodeo sponsors and committees from all   |
| Date:         | Signed:   | AND   |
| (Parent or ou | ardian must sign reg                                      | ardless of age of Contestant)   |

IF only one parent is signing the form, they must note the reason on the signature line.

For example, DECEASED, SOLE CUSTODY, DIVORCED AND FULL CUSTODY, etc.