IMPORTANT! USE BACK SIDE FOR MORE THAN ONE CONTESTANT

Parents (or Guardian) Must Complete This Medical Information and Sign Consent:

		malformations:	
Injuries:			
		n	
Date of tetanus immunization or boost			
Has contestant suffered prior rodeo in			
Rodeo:		Other remarks:	
		sions of a limited medical insurance policy, as set forth in the e and co-insurance portion of any claim.	
ENTRY, herewith give consent for parapproved Little Britches Rodeos at the participation in any National Little Brit participant, volunteer or spectator exproperty damage, personal injury, or do be eliminated, altered or controlled, wheing permitted to participate in NLB its agents, executive committee memorate production entity or organization, the liability for any and all property damage participation in any NLBRA activity, in that are known or unknown, foresee intended to be as broad and inclusive anotwithstanding, continue in full legal rights and privileges of said rodeo.	ticipation of the contestant(s) when locations specified at call in and sches Rodeo Association, (hereing poses a competitor, participant, death. We assume all risks to our whether or not integral to equest BRA rodeos and activities, we hen bers, sponsors, volunteers, own their agents, representatives, single, personal injuries, death, or of cluding but not limited to, rodeos or unforeseen, future or contast is permitted by law, if any port force and effect. Also, it is mutually submitting entry, contestant,	THE NLBRA RULE BOOK AND COMPLETED the CALL-IN nose name appears on the bottom of this page, in the for the 2021-2022 full season. We acknowledge that after NLBRA) sanctioned rodeo or activity as a competitor, volunteer or spectator to a substantial and serious risk of selves, our guests and our children, including risk which can trian recreational activities. In consideration for our child creby agree to indemnify, hold harmless and release NLBRA ners, stock contractors and any NLBRA franchisee, ponsors, volunteers, owners, and stock contractors from ther claims arising from our child(s), our own, or our guest(s) os, practices, play days, or other activities, including claims cingent. This release, waiver, and indemnity agreement is ion thereof is held invalid, it is agreed that the balance shall, hally understood that the Rodeo Sponsors shall retain all parents and/or guardians agree to permit use of all es, newspaper and magazine accounts and websites.	
In the event of the signature of only one p signature.	arent or guardian, such parent or gua	ardian has the authority to bind both parents or guardians with their	
FATHER	MOTHER		
Signature		Signature	
GUARDIANS	CONTESTANT	(S)	
Signature 		Signature 	
DATE: CITY:		STATE:	

NOTE TO PARENTS

In case of injury it becomes the responsibility of the parent, guardian, or injured contestant to secure insurance claim forms from the Rodeo Secretary where injury occurred. Rodeo Secretary MUST sign the claim form. Contestants portion of the form MUST be completed. Then mail direct, along with invoice of services and copy of any Explanation of Benefits from other (primary) insurance, to the insurance claims office for payment. The deductible and co-insurance is paid by parents, guardian, or contestant directly to attending physician or hospital.

CONTESTANT MUST REPORT THROUGH FIRST AID BEFORE LEAVING RODEO TO BECOME VALID, CLAIM BLANK MUST BE SUBMITTED WITHIN NINETY (90) DAYS FOLLOWING ACCIDENT!
All claims are subject to limitations of policy.