

IMPORTANT! USE BACK SIDE FOR MORE THAN ONE CONTESTANT

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

Does contestant have serious illness: _____ malformations: _____
Injuries _____ Explain _____
Does Contestant have drug allergies _____ Explain _____
Date of tetanus immunization or booster shot _____
Has contestant suffered prior rodeo injuries? _____ Date _____
Rodeo _____ Other remarks _____

It is mutually understood that said contestant is protected under provisions of a limited medical insurance policy, as set forth in the rules, in which we, the parents or guardians, agree to pay the deductible and co-insurance portion of any claim.

We, the parents and/or guardians, and contestant(s), HAVING READ THE NLBRA RULE BOOK AND COMPLETED the CALL-IN ENTRY, herewith give consent for participation of the contestant(s) whose name appears on the bottom of this page, in the approved Little Britches Rodeos at the locations specified at call in and for the 2016-2017 full season. We acknowledge that participation in any National Little Britches Rodeo Association, (hereinafter NLBRA) sanctioned rodeo or activity as a competitor, participant, volunteer or spectator exposes a competitor, participant, volunteer or spectator to a substantial and serious risk of property damage, personal injury, or death. We assume all risks to ourselves, our guests and our children, including risk which can be eliminated, altered or controlled, whether or not integral to equestrian recreational activities. In consideration for our child being permitted to participate in NLBRA rodeos and activities, we hereby agree to indemnify, hold harmless and release NLBRA its agents, executive committee members, sponsors, volunteers, owners, stock contractors and any NLBRA franchisee, production entity or organization, their agents, representatives, sponsors, volunteers, owners, and stock contractors from liability for any and all property damage, personal injuries, death, or other claims arising from our child(s), our own, or our guest(s) participation in any NLBRA activity, including but not limited to, rodeos, practices, play days, or other activities, including claims that are known or unknown, foreseen or unforeseen, future or contingent. This release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Also, it is mutually understood that the Rodeo Sponsors shall retain all rights and privileges of said rodeo. In submitting entry, contestant, parents and/or guardians agree to permit use of all publicity, photographs, radio and televisions broadcasts, motion pictures, newspaper and magazine accounts and websites.

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

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.