NHSR/	Member's	Membership	p #	
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COVID-19 KYHSRA

Member's Name:			
Address:	City:	State	7in:
	DOB: Month		
	ELEASE, ASSUMPTION OF RISK AND INDEMNI		
	r ("Member") being allowed to participate and compete undersigned parent(s) or legal guardian of the Member, s, siblings, and children, do hereby:		
rodeo committee, any stock contractor, an employees (all of whom are collectively refrepresentatives, assigns, heirs, parents, legundersigned's injury, illness, disease or death onto the rodeo grounds and/or participation a is caused by the negligence or other wrongfrindividuals at the rodeo. 2. AGREE TO INDEMNIFY AND SAVE AND limited to, attorneys' fees and other defense entry onto the rodeo grounds and/or participation contract or warranty, strict liability or other legundary. 3. UNDERSTAND that Member's and the uncontains DANGER AND RISK OF ILLNESS.	dersigned's entry onto the rodeo grounds and/or participati S, DISEASE, INJURY OR DEATH TO MEMBER and the u D-19 which the Member and each of the undersigned appre	officers, directors, trusto the Member, the unconands therefore, on according the Member's or any event, whether such injuries Releasees or any conformany liability, dama or related to the Memberone or more of the Release ion in rodeo events durindersigned, that COVID eciate and voluntarily as	tees, managers, agents and dersigned, and their personal count of the Member's or the of the undersigned's entrancery, sickness, disease or death entestants, spectators or other age or loss (including, but not as or any of the undersigned's easees' negligence, breach of the covid-19 is highly contagious, and
4. We each agree to comply with all federal, starelating to COVID-19. We each understand participate in the rodeo based on medical chethat in the event any portion of this document possible under applicable law. The parents Member to the maximum extent permitted b WE HAVE READ THIS RELEASE, ASSUMPT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGUARANTEE BEING MADE, AND INTEND TH	ate and local laws and regulations and all security policies are d that the Member may be denied entrance to the rodeo of eck-in requirements and continuing medical requirements du t is held to be invalid, the balance shall, notwithstanding, cor or guardian of the Member agree that by signing below the	nd procedures of the roc grounds and not allowe uring the duration of the ntinue in full legal force a ney are in addition to bi INDERSTAND ITS TERI ELLY WITHOUT ANY IND	ed to participate or continue to rodeo. The undersigned agre- and effect to the greatest exter- anding themselves, binding the MS, UNDERSTAND THAT WI UCEMENT, ASSURANCE, OF
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*Both parents or legal guardian and member must sign this form in the appropriate places above. If only one parent is signing, please note reason on signature line. For example, DECEASED, DIVORCED AND FULL CUSTODY, ETC. All signatures must be witnessed by a notary and listed as personally appearing in the appropriate place on the form. Be sure that notary signs, dates and places his/her seal on the form. Please return original Release form to the state/province secretary with Official Contestant Entry Form.

Notary Public

My Commission Expires: _