

Kentucky High School Rodeo Association

MEDICAL RELEASE FORM

2021-2022 Season

We, the parents and/or guardians of:

Please print name of Contestant

give EMT's, hospital, physicians on the medical staff of the hospital and ambulance attendants that the Qualifying Rodeo or State Board chooses for emergency treatment, permission to administer NECESSARY EMERGENCY treatment for injuries he or she may incur while participating in the state approved activities.

We understand that each contestant **must be and is** covered by medical insurance. We hereby release the designated local hospital, physicians, medical staff, ambulance attendants, EMT's, all rodeo sponsors and committees from all Liability.

Date: _____

Signed: _____ And _____

(Parent or guardian must sign regardless 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.