**KENTUCKY HIGH SCHOOL RODEO ASSOCIATION PARENT MEMBERSHIP -- 2025-2026**

We the parents(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would like to become parent member(s) in the Kentucky High School Rodeo Association. As members, we will be able to vote and have other opportunities to be part of the association and support our student athletes.

One Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$25.00

Name

Both Parents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$35.00

 Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name

It is required that at least one parent be a voting member of the association.

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**KENTUCKY HIGH SCHOOL RODEO ASSOCIATION**

**PHOTO RELEASE - 2025-2026**

I grant KYHSRA the right to take photographs of me and my child in connection with the above-identified subject. I authorize KYHSRA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that KYHSRA may use such photographs of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian (if under age 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_

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**KENTUCKY HIGH SCHOOL RODEO ASSOCIATION**

**MEDICAL RELEASE - 2025-2026**

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.