

Central Texas Youth Rodeo Association 2022-2023 NON-MEMBER RELEASE

Date: _____

Name: _____ Age(as of 9/1/22) _____

Mailing Address: _____ City, State, Zip: _____

Evening Phone(_____) _____ Date of Birth: _____ SS#: _____

E-Mail Address: _____ Drivers License: _____

Mother, Father, or Legal Guardian of the above named applicant who has applied for entrance in the CENTRAL TEXAS YOUTH RODEO ASSOCIATION, who upon their oath deposes and says this applicant is a capable rodeo performer and hereby give permission for said applicant to participate in any event in any CENTRAL TEXAS YOUTH RODEO ASSOCIATION RODEO, and do hereby release the CENTRAL TEXAS YOUTH RODEO ASSOCIATION and its advisors/directors/employees/stock contractors and their workers from all liability in case of accident, injury and/or death to the applicant or their animals. Permission is also given to the emergency medical personnel and/or nearest hospital to administer emergency medical treatment for injuries he or she may incur while participating in any CENTRAL TEXAS YOUTH RODEO ASSOCIATION approved rodeo. Each contestant is responsible for their own medical insurance and payment of all expenses resulting from such medical treatment. CENTRAL TEXAS YOUTH RODEO ASSOCIATION assumes no responsibility for any loss due to theft. Under Texas law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities. The applicant attests that he/she has not reached their nineteenth (19th) birthday on or before September 1, 2022.

Printed name of Father and/or Mother, Legal Guardian or applicant 18 years or older _____ Signature _____ Date _____

ALL ROUGH STOCK: ALL ROUGH STOCK RIDERS MUST WEAR A HELMET. The above named Mother, Father, Legal Guardian or contestant 18 years of older hereby gives permission for said contestant to ride any rough stock event. Signer realizes that a protective helmet will not be provided and does hereby release CENTRAL TEXAS YOUTH RODEO ASSOCIATION and its advisors/employees/stock contractors and their workers from all liability in case of accident, injury and/or death to the contestant. Exception with release in bareback.

Printed name of Father and/or Mother, Legal Guardian or applicant 18 years or older _____ Signature _____ Date _____

The State of _____, County of _____
Before me the undersigned, a Notary Public in and for said County and State on this day personally appeared

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

MY COMMISSION EXPIRES: _____ SEAL: _____

Notary is for ALL Contestants!!