Central Texas Youth Rodeo Association 2023-2024 NON-MEMBER RELEASE

Date:			
Name:	Age(asof 9/1/23)		
Mailing Address:	City, State, Zip:		
Evening Phone()	Date of Birth:	SS#:	
E-Mail Address:	Drivers License:		
Mother, Father, or Legal Guardian of the above nam ASSOCIATION, who upon their oath deposes and so to participate in any event in any CENTRAL TEXAS YOUTH RODEO ASSOCIATION and its advisors/dir injury and/or death to the applicant or their animals. administer emergency medical treatment for injuries ASSOCIATION approved rodeo. Each contestant is such medical treatment. CENTRAL TEXAS YOUTH law, an equine professional is not liable for any injury activities. The applicant attests that he/she has not in the second seco	ays this applicant is a capable roo YOUTH RODEO ASSOCIATION rectors/employees/stock contractor Permission is also given to the e he of she may incur while participal responsible for their own medical RODEO ASSOCIATION assumed to or the death of a participant in	leo performer and hereby give p RODEO, and do hereby release ors and their workers from all lia mergency medical personnel an pating in any CENTRAL TEXAS I insurance and payment of all e es no responsibility for any loss in equine activities resulting from	permission for said applicant the the CENTRAL TEXAS bility in case of accident, ad/or nearest hospital to YOUTH RODEO expenses resulting from due to theft. Under Texas the inherent risk of equine
Printed name of Father and/or Mother, Legal Guardian or app	olicant 18 years or older	Signature	Date
The State of, County of Before me the undersigned, a Notary Public in and for	or said County and State on this o	day personally appeared	
Sworn to and subscribed before me this	day of	,20	
	Notary Publi	c	
MY COMMISSION EXPIRES:	SEAL:		

Notary is for ALL Contestants!!