



Nebraska High School Rodeo Association

Rodeo Entry Form

Fill out all information completely and send with total entry fees the individual rodeo secretary listed on your schedule (NOT the state secretary). Checks should be made out to each rodeo not the state association. Each individual rodeo requires an entry. Completed entries may be photocopied but signatures should be original on each entry sheet. Entries should be sent as early as possible and **MUST** be postmarked by the entry due date. **Late entries will NOT be accepted.**

NAME: _____ BACK # _____
 ADDRESS: _____ CITY/STATE/ZIP _____
 PHONE: _____ EMAIL: _____
 HIGH SCHOOL: _____ GRADE: _____ AGE: _____
 RODEO/DATE: _____

If rodeo has more than one performance, which performance do you want up in _____

CHECK EACH EVENT YOU WISH TO ENTER:

ENTRY FEES: \$15/Event

- _____ Bareback
- _____ Saddle Bronc
- _____ Bull Riding
- _____ Tie Down Roping
- _____ Steer Wrestling
- _____ Boys Cutting

- _____ Barrel Race
- _____ Pole Bending
- _____ Breakaway
- _____ Goat Tying
- _____ Girls Cutting

_____ Team Roping (*Must have partner to enter!*)

Header: _____

Heeler: _____

The undersigned parent(s) and/or guardian(s) of the above named contestant, in consideration of and as a condition to the acceptance of any NHSRA entry, agrees to make no claims against the Nebraska High School Rodeo Association, sponsors of all NHSRA sanctioned activities, or their members or anyone acting through or for them, for any loss or damage, or injury to property, animals, or persons resulting from any cause, including any negligence of any person connected with any of the activities of the rodeo and the undersigned agrees to indemnify and hold said organizations and persons harmless from any claims arising by reason of the negligence of any person or acts of their animals.

We, the parent(s) or guardian(s) of _____ give the local hospital and the Physicians of the Medical Staff of the hospital permission to administer necessary emergency treatment for injuries he or she may incur while participating in the local NHSRA Rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the local hospital, physicians on the medical staff, NHSRA, and sponsors of all NHSRA sanctioned activities from liability.

NOTE: Please list all allergies _____

PARENT(S) or Guardian (S) SIGNATURE _____

CONTESTANT SIGNATURE: _____

Total Entry Fees: _____