



NAME: _____ DOB: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL ADDRESS: _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY _____ PHONE # (____) _____

JACKET SIZE: MENS [] SM [] MD [] LG [] XL [] XXL [] XXXL

WOMENS [] SM [] MD [] LG [] XL [] XXL

YOUTH [] XS [] SM [] MD [] LG [] XL

In consideration of the services of Whippoorwill Rodeo, LLC and its representatives or agents herein referred to as "releases", (collectively, "Whippoorwill Rodeo, LLC), and other good and valuable consideration, the sufficiency of which I (the undersigned), do hereby acknowledge, on behalf of myself and all persons" below:

- 1. Acknowledge that riding, caring for, and being around bulls, horses, and other animals involves both known and unanticipated risks...
2. HEREBY VOLUNTARILY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the participants, sanctioning organizations, or any subdivision thereof...
3. HEREBY VOLUNTARILY RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS Whippoorwill Rodeo, LLC from any and all liability claims, demands, or causes of action...
4. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur...
5. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE due to the negligence of releases...
6. THE UNDERSIGNED consents to being photographed and/or videotaped during participation in any Whippoorwill Rodeo, LLC event...
7. I have had sufficient opportunity to read this entire document. I have read and understood this document, and I agree to be bound by its terms.

I HAVE READ THIS DOCUMENT, I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT TO RODEO/EVENT. I VOLUNTARILY SIGN MY NAME EVIDENCEING MY ACCEPTANCE OF THE ABOVE PROVISIONS. I HAVE THE AUTHORITY TO BIND EACH PERSON NAMED BELOW, AND THIS RELEASE AND CONVENANT NOT TO SUE SHALL APPLY TO EACH SUCH PERSON (UNDERSIGNED), INCLUDING THE BELOW NAMED MINORS.

Signature of Participant _____ Date _____

If under 18 years of age, parent or legal guardian must complete and have the following notarized:

Persons covered: _____

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Sworn & subscribed before me this day ____ of _____, 20____

Notary Public _____ my commission expires _____ Affix Seal Here.