



NAME:			DOB://
ADDRESS:	CITY:	STATE:	ZIP:
PHONE: ()	EMAIL ADDRESS:		
IN THE EVENT OF AN EMERGEN	CY, PLEASE NOTIFY	PHONE # ()
	☐ MD ☐ LG ☐ XL ☐ XXL ☐ XXXL SM ☐ MD ☐ LG ☐ XL ☐ XXL 2	<u>YOUTH</u>	MDLGXL
	of Whippoorwill Rodeo, LLC and its representative good and valuable consideration, the sufficiency of		
 Acknowledge that riding, caring for, a emotional injury. I understand that su may act or react unpredictably based that Whippoorwill Rodeo, LLC does recovenant not to sue Whippoorwill Rodenimals. My participation in the activit 	nd being around bulls, horses, and other animals involves both knoch risks include but are not limited to the fact that bulls, horses, an apon instinct, fright, lack of control, latent or apparent defects or control have a duty to protect me or other participants from risks, whet eo, LLC. I agree and promise to accept and assume all risks existing itses is purely voluntary, and I elect to participate in spite the risks.	nd other animals, irrespective of their proconditions, acts of other persons, and/or ther known or unknown, inherent or other g in connection with any and all activitie	revious behavior and characteristics, contact with plants or animals. I agree erwise, and I hereby agree, promise, and s involving bulls, horses, or other
rodeo committee, stock contractor, rod premises used to conduct the event an personal representatives, assigns, heirs.	SE, WAIVE, DISCHARGE, AND CONVENANT NOT TO S eo association, arena operators or owners, officials, any persons in rud each of them, their officers and employees, all for the purposes, and next of kin for any and all loss or damage, and any claim or dem sed by the negligence of the releases or otherwise while the under pose participating in the event;	estricted areas, promoters, sponsors, adv herein referred to as "releases", from a hands therefore on account of injury to	vertisers, owners, and lessees of Il liability to the undersigned, his the person or property or resulting in
action (including but not limited to any activities of Whippoorwill Rodeo, LLC Control Act or the Equine Activity Liab is deemed to be equine professionals	SE, WAIVE, DISCHARGE, AND HOLD HARMLESS Whipporw and all claims alleging negligent acts or omissions of Whippoorw C or in relation to Whippoorwill Rodeo, LLC operations. I further fility Act, whether or not my activities are deemed to be sponsored b. I understand that voluntarily accepting responsibility for controlinal Control Act and, therefore, I cannot recover any amount from	rill Rodeo, LLC) which are in any way of waive and release all rights (if any) that by an equine activity sponsor and whet olling any animal at a Whippoorwill Ro	connected to participation in any may or could arise under the Animal ther or not Whippoorwill Rodeo, LLC
HEREBY AGREES TO INDEMNIFY presence of the undersigned in or upo caused by the negligence of the release	Y AND SAVE AND HOLD HARMLESS the releases and each of n the restricted area or in any way competing, officiating, observed	them from any loss, liability, damage, ing, or working for, or for any purpose	e participating in the event and whether
expressly acknowledges and agrees the UNDERSIGNED acknowledges the ri		sk of serious injury and/or death and for	property damage. THE
and involved with, and consents to the	ing photographed and/or videotaped during participation in any V use of those photographs or videotapes in the promotion of Whippoo lia, social media, television, or other electronic media.	• •	• •
I have had sufficient opportunity to re	ad this entire document. I have read and understood this document use, heirs, legal representatives, assigns, insurers, and successors.	t, and I agree to be bound by its terms.	By signing this document, I bind myself
ΓΟ RODEO/EVENT. I VOLUNTAR	C, I UNDERSTAND IT IS A RELEASE OF ALL C ILY SIGN MY NAME EVIDENCEING MY ACCEPTA D BELOW, AND THIS RELEASE AND CONVENA E BELOW NAMED MINORS.	NCE OF THE ABOVE PROVISI	ONS. I HAVE THE AUTHORITY
Signature of Participant		——————————————————————————————————————	
•	ent or legal guardian must complete and hav	e the following notarized:	
Persons covered:			
Print Name of Parent or Legal 0	Guardian:		
Signature of Parent or Legal Gu	ıardian:		Date://
Sworn & subscribed before me	this day of, 20	_	
Notary Public	my commission expires	s Affix Sea	l Here.