

Nebraska Junior High Rodeo Official Entry Blank

Rodeo Entering _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Cell# _____ Email _____

School _____ Age _____ Grade _____

Please check the events you would like to enter for each rodeo:

<u>BOYS EVENTS</u>	DAY 1	DAY 2	<u>GIRLS EVENTS</u>	DAY 1	DAY 2
Chute Dogging	_____	_____	Pole Bending	_____	_____
Breakaway	_____	_____	Breakaway	_____	_____
Tie Down Roping	_____	_____	Goat Tying	_____	_____
Goat Tying	_____	_____	Barrel Racing	_____	_____
Bull/Steer Riding	_____	_____			
Bareback Steer Riding	_____	_____			
Saddle Bronc Steer Riding	_____	_____			

<u>BOYS/GIRLS EVENTS</u>	DAY 1	DAY 2
Team Roping...Header _____ Heeler _____	_____	_____
Ribbon Roping...Roper _____ Runner _____	_____	_____

You must name your partner when entering

Entry Fees \$25.00/event/day (___ # events x 25)= \$ _____ (total fees)

Plus Family Gate Fee \$10.00 (only pay once for each rodeo)

Total Owed \$ _____ Make checks payable and mail entry to Rodeo or Secretary as listed on website

RELEASE

The undersigned parents and guardians of the above named contestant, in consideration of and as a condition to the acceptance of any NJHSRA entry, agrees to make no claims against the Nebraska Junior High School Rodeo Association, sponsors of all NJHSRA 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 the reason of the negligence of any person or acts of their animals. We the parents or guardians of _____ give the local hospital and the physicians of the medical staff of the hospital permission to administer necessary emergency treatment for the injuries he or she may incur while participating in the local NJHSRA 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, NJHSRA and sponsors of all NJHSRA sanctioned activities from liability.

Father's signature

Mother's signature

Contestant's signature