

Rough Stock Clinic Entry Form

Georgia High School Rodeo Association

Complete all fields and return this entry form with the notarized clinic waiver before participating.

Clinic dates: December 19–20, 2026

Location: Covington, Georgia arena

Organizer / association: Georgia High School Rodeo Association

Participant Information

Full name: _____

Date of birth: _____ Age: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Events (check all that apply): ☐ Bareback ☐ Saddle Bronc ☐ Bull Riding

☐ Other: _____

Experience level: ☐ Beginner ☐ Intermediate ☐ Advanced

Parent or Legal Guardian Information

Name(s): _____

Relationship: _____ Phone: _____

Email: _____

Emergency Contact Information

Primary contact: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Second contact: _____ Relationship: _____

Phone: _____

Allergies / medical conditions / medications responders should know about:

Medical insurance carrier: _____ Policy no.: _____

Entry fee: \$ _____ Payment method: _____ Received: _____

Rough Stock Clinic Waiver of Liability

Georgia High School Rodeo Association

Participant name: _____

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For a minor participant, “we” means the undersigned parents or legal guardians. For an adult participant, “we” means the undersigned participant. “Participant” means the person named above.

We give permission for the participant to (1) enter the restricted area and (2) participate in rough stock clinic instruction, practice, demonstrations, riding, livestock handling, and related clinic activities.

We give the local hospital and the physicians on the medical staff permission to administer emergency treatment for injuries he/she may incur while participating in rough stock clinic activities. Each participant MUST obtain medical insurance. We release the hospital, physicians on the medical staff, clinic sponsors and stock contractors of liability.

RESTRICTED AREAS INCLUDE BUT IS NOT LIMITED TO THE RODEO ARENA, COMPETITION AREA, CHUTES, PENS, ADJACENT WALKWAYS, CONCESSIONS and other appurtenances. We the undersigned, on behalf of the participant and for ourselves, our personal representatives, heirs, next of kin, spouses and assigns, do hereby:

RELEASE, DISCHARGE AND COVENANT NOT TO SUE the clinic committee and organizers, instructors, stock contractor, rodeo association, sponsors, arena operators or owners and each of them, their officers, agents and employees (hereinafter collectively referred to as “releasees”) from any and all claims and liability arising out of strict liability or ordinary negligence of releasees or any other participant which causes the undersigned injury, death, damages or property damage. We, the undersigned, jointly, severally and in common, covenant to hold releasees harmless and to indemnify releasees from any claim, judgment or expenses releasees may incur out of any of the participant’s activities or presence in the restricted area.

UNDERSTAND that participant entry into the restricted area and/or participation in rough stock clinic activities contains DANGER AND RISK OF INJURY OR DEATH TO PARTICIPANT, that conditions of the clinic arena change from time to time and may become more hazardous. Rodeo animals are dangerous and unpredictable. There is INHERENT DANGER in rodeo which we each appreciate and voluntarily assume because the participant and we, choose to do so. Each of the undersigned has observed events of the type that the participant seeks to participate in. We further understand that the arena surface, access ways or lack thereof, lighting or lack thereof and weather conditions all change pose a danger to the participant. We further understand that the other contestants and participants pose a danger to the participant but nevertheless, WE EACH VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected with entry in the restricted areas and/or participation in rough stock clinic activities.

Clinic Waiver Signatures and Notarization

Georgia High School Rodeo Association

Participant name: _____

Clinic dates: December 19–20, 2026 | Location: Covington, Georgia arena

WE AGREE that this WAIVER shall apply to any incident, injury, accident or death occurring during the clinic identified above, including entry into restricted areas and participation in related clinic activities. All subsequent agreements and release documents signed by any of the undersigned shall amplify but shall in no way limit provisions of this document.

Releasor or parents/guardians of the undersigned minor AGREE TO INDEMNIFY the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence or participation of the participant in the described activities whether caused by negligence of the Releasees or otherwise.

WE HAVE READ THIS DOCUMENT; WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. WE APPRECIATE AND ASSUME ALL RISKS INHERENT IN RODEO.

Signatures

Do not sign until in the presence of a notary.

Participant signature: _____

Printed name: _____ Date: _____

Natural father signature: _____

Printed name: _____ Date: _____

Natural mother signature: _____

Printed name: _____ Date: _____

Legal guardian signature if applicable: _____

Printed name: _____ Date: _____

If only one parent signs, state reason: _____

Notary Acknowledgment

State of _____ County of _____

On this _____ day of _____, 20____, personally appeared:

known to me to be the person(s) who executed the foregoing Release and acknowledged that they signed the same as their free act and deed.

Notary Public: _____ Commission expires: _____

Notary seal:

For a minor, BOTH PARENTS (OR LEGAL GUARDIAN/S) AND PARTICIPANT must sign in the appropriate places. If only one parent signs, note the reason above. All signatures must be witnessed by a notary and all signers listed as personally appearing. The notary must sign, date, and affix a seal. Adult participants sign for themselves. Return the completed packet to the clinic organizer.