

DISTRICT 5 HIGH SCHOOL RODEO MEDICAL RELEASE

We, the parents or guardians of _____

Give the nearest hospital (Elmore Co. Hospital, North Canyon Medical Center, St. Luke's Jerome, St. Luke's Magic Valley, St Luke's Wood River, Elmore Co. EMT'S, Gooding Co. EMT'S, Jerome Co. EMT'S, St. Luke EMT'S, Lincoln Co. EMT'S, Blaine Co. EMT'S Minidoka Memorial Hospital, Cassia Memorial Hospital, Minidoka EMT'S, Cassia EMT'S), and the Physicians/Medical Staff of the above hospitals permission to administer NECESSARY EMERGENCY treatment for injuries he/she may incur while participating in the District 5 High School Rodeo Association. We understand that each contestant must be and is covered by medical insurance. We hereby, release the above hospitals and medical attendants and the Rodeo Sponsors from all Liability.

Events Entered: _____

Signature of **BOTH** parents/Guardians X _____

X _____

On this _____ day of _____, 20____, before me, personally appeared _____ known to me to be the persons who executed the foregoing Release and Acknowledge that they signed same as their free act and deed.

Notary Public: _____

My Commission Expires: _____