

Name of Contestant: \_\_\_\_\_

Name of Rodeo: \_\_\_\_\_

**South Carolina High School Rodeo Association  
School Form**

I certify that this student meets National High School Rodeo Association's **Grade** and **Conduct** qualifications. (Must be passing at least 70% of classes taken.)

Signed: \_\_\_\_\_  
(Superintendent, Principal, Designee, or National Director)

We the parents or guardians of: \_\_\_\_\_  
Name of Contestant

Give the: \_\_\_\_\_  
Name of local hospital

and the physicians on the medical staff of the hospital permission to administer **necessary emergency** treatment for injuries he or she may incur while participating in the South Carolina High School Rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the:

\_\_\_\_\_,  
Name of local hospital

physicians on the medical staff, and the rodeo sponsors from all liability except for **negligence**.

Signed: \_\_\_\_\_

And

\_\_\_\_\_

Parent or guardian must sign for each event entered, regardless of the age of the contestant.