LONE STAR HIGH SCHOOL RODEO ASSOCIATION

Medical Release, Liability Waiver & Assumption of Risk

Please read this agreement carefully. This form must be signed by both the contestant and a parent/legal guardian before participation in any LSHSRA event.

Participation Acknowledgement

I understand that participation in LSHSRA activities, including rodeos, practices, clinics, meetings, travel, and other sanctioned events, is voluntary and involves inherent risks.

I acknowledge that participation may result in:

- Serious injury
- Permanent disability
- Death
- Property damage
- Injury caused by livestock
- Arena or facility hazards
- Weather conditions
- Equipment failure
- Other unforeseen risks

I voluntarily choose to participate despite these risks.

Release of Liability

I release and hold harmless the Lone Star High School Rodeo Association (LSHSRA), its officers, directors, volunteers, committee members, stock contractors, sponsors, arena owners, employees, agents, and representatives from any claims arising out of participation in LSHSRA activities, including claims resulting from ordinary

negligence to the fullest extent permitted by law.

Indemnification

I agree to indemnify and hold harmless LSHSRA from any claims, damages, losses, attorney's fees, or expenses arising from my participation or my minor child's participation in LSHSRA activities.

Rules & Conduct

By signing this agreement, I agree to:

☐ Follow all LSHSRA rules and policies.

☐ Follow all facility rules.

☐ Exercise good sportsmanship.

☐ Accept responsibility for personal property.

☐ Understand that failure to follow LSHSRA rules may result in disciplinary action.

Emergency Medical Authorization

If emergency medical treatment becomes necessary, I authorize LSHSRA representatives to obtain emergency medical care and transportation for the contestant when a parent or guardian cannot immediately be reached.

I understand I am responsible for all medical expenses incurred.

Photography & Media Release

I grant LSHSRA permission to photograph and record the contestant during LSHSRA events.

I authorize LSHSRA to use these photographs and videos for promotional, educational, advertising, website, livestream, and social media purposes without compensation.

Agreement

I certify that:

- I have read this agreement.
- I understand its contents.
- I understand I am giving up certain legal rights.
- I sign voluntarily.
- This agreement remains effective for the current LSHSRA membership season.

Texas Equine Activity Warning

> WARNING
>
> Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signatures

Contestant Name: _____

Contestant Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Notary Acknowledgement

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn before me on this _____ day of _____, *20*.

Notary Public, State of Texas

My Commission Expires: _____

(Seal)