

West Georgia Junior Rodeo Broncs and Bulls Clinic Release

The undersigned voluntarily makes and grants this Wavier in favor of West Ga Jr Rodeo, all involved stock contractors, clinicians, agents of WGJR and Heard County Arena and does hereby waive and release any and all claims whether in contact or personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my contract with the stock provided by West Ga Jr Rodeo and their stock contractors.

I understand and recognize that there are certain risks, dangers and perils connected with participating in working with, or around live stock to which I hereby acknowledge and understand, and which I nevertheless accept, assume and undertake.

I understand, acknowledge and agree that "Rodeo" (together with all its constituent parts or events, specifically including Bronc Riding and Bull Riding) is an inherently dangerous sport or activity, and I do further hereby certify that I am over the age of 18, that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress. Or I am the parent or legal guardian of the participating minor and give my consent and understand and assume the risks involved and allow my child to ride of my own free will.

This Waiver is effective on any and all occasions that I may ride or be in contact with the rodeo stock provided by West Ga Jr Rodeo and its Sub Contractors, and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of West Ga Jr Rodeo. I will not hold West Ga Jr Rodeo, any of its agents or stock contractors, Heard County Arena or anyone involved with this rodeo/clinic, responsible for injury or death of any clinic participant. I understand that I am responsible for my own insurance and well being.

In Plain language.

I am voluntarily participating in a clinic with live animals. I/my child/ward, could be seriously injured or killed. I understand that by voluntarily participating, or allowing my child/ward to participate that I AM FULLY RESPONSIBLE FOR ANY INJURY OR DEATH AND WILL NOT HOLD WEST GA JR RODEO OR ANY OF THEIR ASSOCIATES, or THE HEARD COUNTY ARENA, FINANCIALLY OR LEGALLY RESPONSIBLE IF I/MY CHILD/WARD IS INJURED OR DIES during, or as a direct result of participating in the Broncs and Bulls clinic, held at the Heard County Covered Arena on March 7 and 8 of 2020.

THIS FORM MUST BE SIGNED AND NOTARIZED BY PARTICIPANT OR PARENT/LEGAL GUARDIAN BEFORE PARTICIPATING IN THIS CLINIC!

Name of participant _____

Participant Date of Birth _____

Participants Signature (if 18 or over) _____

Parent or LEGAL Guardian Name _____

Parent or LEGAL Guardian Signature (if participant is minor) _____

Notary Signature and Seal