

Southern Association Youth Rodeo Mutton Busting Release

The undersigned voluntarily makes and grants this Wavier in favor of Southern Association Youth Rodeo (hereby known as S.A.Y.R.) the Exodus Ranch, all involved stock contractors, agents of S.A.Y.R. 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 S.A.Y.R 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 mutton busting) 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, court appointed 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 S.A.Y.R. and its Sub Contractors, Stock Contractors, Clinicians or Volunteers and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of S.A.Y.R. I will not hold S.A.Y.R., the Exodus Ranch, any of its agents or stock contractors or anyone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 S.A.Y.R., THE EXODUS RANCH, OR ANY OF THEIR ASSOCIATES, FINANCIALLY OR LEGALLY RESPONSIBLE IF I/MY CHILD/WARD IS INJURED OR DIES during, or as a direct result of participating in the 2022 mutton busting clinic, held at the Exodus Ranch.

IF A PARENT OR LEGAL GUARDIAN IS NOT ATTENDING WITH PARTICIPANT, THIS RELEASE FORM MUST BE SIGNED AND NOTARIZED BY 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