

S.A.Y. Rodeo/West Ga Jr Rodeo Clinics

The undersigned voluntarily makes and grants this Waiver in favor of Southern Association Youth Rodeo and West Ga Jr Rodeo (S.A.Y. Rodeo/WGJR), all involved stock contractors, clinicians, agents of S.A.Y. Rodeo 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. Rodeo/WGJR and their stock contractors.

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

I understand, acknowledge and agree that "S.A.Y. Rodeo/WGJR" (together with all its constituent parts or events, specifically including; bull riding, calf riding, bronc riding, chute dogging, roping, barrel racing, pole bending) 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 ordered, guardian of the participating minor and give my consent and understand and assume the risks involved and allow my child/ward 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with the rodeo stock provided by S.A.Y. Rodeo/WGJR and its Sub Contractors, and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of S.A.Y. Rodeo/WGJR. I will not hold S.A.Y. Rodeo/WGJR, 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 SOUTHERN ASSOCIATION YOUTH RODEO, 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 any clinic held by Southern Association Youth Rodeo/West Ga Jr Rodeo.

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) _____

Date _____

Parent or LEGAL Guardian Name _____

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

Notary Signature and Seal