



LONESOME DOVE 4-H

6th Annual Mutton Bustin'

Hitchcock Good Ole Days - August 13th, 2021

Sign-up Information and Official Rules

Sign-up

Entry fee is \$20.00

Parent/Legal Guardian must sign the attached Release of Liability. The entry form, entry fee and release of liability must be received at time of sign up. Entries WILL NOT be accepted without ALL of the above.

Paperwork and payment will ONLY be taken when the books open at the time below.

No more than 50 riders will compete Friday, August 13th starting at 5:00 pm.

Books open at 4:00 pm and close at 6:45 pm sharp.

Championship round will begin at 7:30 pm sharp, buckle presentation immediately following.

Official Rules

- Child must be 7 years old or under to participate.
- The maximum weight limit for eligibility is 65 lbs., fully clothed. Weight will be determined by weigh-in at the time of sign-up. **Due to safety concerns for the livestock, there will be no exceptions to this rule.**
- All contestants must ride with a helmet and safety vest. One will be provided at time of competition if you do not have one.
- Contestants must ride holding on to the sheep. **ROPES AND SPURS ARE NOT ALLOWED.**
- **Child MUST ride for six (6) seconds to score and receive points.** One of the 2 judges will have a stopwatch to double check the time-keeper/buzzer.
- **RE-RIDES MAY BE GIVEN AT JUDGE'S DISCRETION BASED ON ANIMAL PERFORMANCE. RE-RIDES WILL NOT BE GIVEN BASED ON THE AMOUNT OF WOOL ON THE SHEEP.**

*****We highly recommend wearing long pants and closed toe shoes*****

Champion and Reserve Champion Buckles Awarded

For more information contact Jack Robison at 409.682.1762



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2021 Entry Form

Rider's Name: _____ Rider's Age: _____

Parent/Legal Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

The following must **ALL** be submitted together for entry in this event:

- Entry Form
- Signed Release Form
- Weigh-in (fully clothed)
- \$20 Entry Fee



Waiver & Release Form _____ Cash _____ Check # _____

Weight _____ Verified by _____



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Contestant Waiver and Release Form

Name of Minor Contestant (please print): _____

The UNDERSIGNED hereby represent and warrant that they are the parent(s) or legal guardian(s) of the Minor CONTESTANT named above and that they have the full power, authority, capacity and right, without limitation, to execute, deliver and perform this Release.

Request to Participant. The UNDERSIGNED hereby requests that the MINOR CONTESTANT be granted permission to enter the restricted areas and participate as a contestant in the MUTTON BUSTIN' competition (hereinafter referred to as "Event").

Consideration. In consideration of MINOR CONTESTANT being allowed to participate in the event the UNDERSIGNED hereby agree to the terms of this Contestant Waiver and Release Form.

Acknowledgement of Risk. The UNDERSIGNED understand and acknowledge that rodeos and related livestock events are dangerous activities and that participation in a rodeo or related livestock event exposes the participant to a substantial and serious hazard which may result in property damage and/or personal injury or death. The UNDERSIGNED expressly acknowledges that the participation of the above named MINOR CONTESTANT will expose the MINOR CONTESTANT to such hazards.

Release of Sponsor. The UNDERSIGNED, being fully aware that participation by the above named MINOR CONTESTANT in the Event will expose the MINOR CONTESTANT to a substantial and serious risk of property damage and/or personal injury or death, hereby releases sponsors, Hookin-A Cattle Co, and Hitchcock Chamber of Commerce. (hereinafter "RELEASEES") from liability, and waives the right to sue, for any and all property damage and/or personal injuries or death, or other claims arising from the above named MINOR CONTESTANT'S participation in the Event, even if the property damage and/or personal injury or death is determined to have resulted in the negligent acts or omissions of the RELEASEES.

Covenant Not to Sue. The UNDERSIGNED covenant that they shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceedings against the RELEASEES, their officers, directors, employees, agents, assigns or affiliates for damages of any type arising from participation of the above named MINOR CONTESTANT in the Event, whether such claims be for the benefit of the UNDERSIGNED or of the MINOR CONTESTANT.

INDEMNIFICATION. TO THE FULLEST EXTENT PERMITTED BY LAW, THE UNDERSIGNED HEREBY AGREE TO DEFEND AND INDEMNIFY AND TO HOLD RELEASEE(S) HARMLESS FROM ANY LIABILITY, CLAIMS, DEMANDS, CAUSES OF ACTION, LOSS AND/OR DAMAGE ARISING FROM PARTICIPATION OF THE ABOVE NAMED MINOR CONTESTANT IN THE EVENT, EVEN IF CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OF THE RELEASEE(S).

Hookin-A Cattle Co. and Hitchcock Chamber of Commerce reserves the right to use any and all photographs taken during the event for our publicity.

We have read this Document; we understand it is a release of all claims. We appreciate and assume all risks inherent to this event.

The UNDERSIGNED have voluntarily executed and delivered this Release on this _____ day of _____, 2021.

Parent or Legal Guardian (Signature)

Printed Name

Relationship to Minor

2020-2021 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**
3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.
4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. **NO STRICT RULES OF CONSTRUCTION.** In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.
8. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

**In case of emergency, contact
at the following number** _____

If the participant has medical insurance, please indicate:
Insurance Company: _____
Policy Number: _____
Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

As a parent or guardian of the child named above I understand that the information requested on this form is intended to help inform staff of any pre-existing medical conditions. You as the parent or guardian, are accountable for providing an accurate medical history. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp/program. By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp/program.

Parent/Guardian Signature: _____ Date: _____