

DISTRICT 7 HIGH SCHOOL MEDICAL RELEASE

We, the parents or guardian of _____

give the nearest hospital Madison Memorial, EIRMC, Teton Valley Hospital, Madison/Rexburg County EMT's, Fremont/St. Anthony County EMT's, Jefferson/Rigby County EMT's, Teton/Driggs County EMT's and the Physicians/Medical Staff of the above hospitals permission to administer NECESSARY EMERGENCY treatments for injuries he/she may incur while participating in the District 7 High School Rodeo Association. We understand that each contestant must be and is covered by medical insurance. We hereby release the above hospitals & medical attendants and the Rodeo Sponsors for all Liability.

EVENTS ENTERED: _____

Signature of **BOTH** Parents/Guardian X _____

X _____

On this _____ day of _____ 20____, before me, personally

appeared _____

Know to me to be the persons who executed the forgoing release and acknowledged that they signed same as their free act and deed.

Notary Public: _____

My Commission Expires: _____