

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

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

Notary Public: _____

My Commission Expires: _____