

**WAIVER OF LIABILITY**  
**FILL OUT COMPLETELY**

WE, THE UNDERSIGNED, PARENTS (SURVIVING PARENT OR GUARDIAN) OF :

\_\_\_\_\_  
Name of Contestant

A minor, do hereby release and discharge THE WYOMING HIGH SCHOOL RODEO ASSOCIATION, THE AMERICAN LEGION HIGH SCHOOL RODEO COMMITTEE, THE AMERICAN LEGION, DEPARTMENT OF WYOMING, IT'S POSTS, OFFICERS, AGENTS AND EMPLOYEES, from any and all claims, demands, damages suits, actions, or causes of action which we (I) may, can or shall have by reason of any illness, injury or accident incurred or suffered by said son (or daughter) while participating in the WYOMING CHAMPIONSHIP JUNIOR HIGH SCHOOL RODEO to be held:

MAY 5 THRU MAY 6, 2022, GILLETTE, WYOMING

WE THE PARENTS OR GUARDIANS OF

\_\_\_\_\_  
Name of Contestant

Give the Campbell County Health and the physicians of the Medical Staff of the Campbell County Health permission to administer necessary emergency treatment for injuries he or she may incur while participating in an approved Junior High School rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the Hospital, Physicians on the Medical Staff, and the rodeo Sponsors from all liability.

\_\_\_\_\_ and \_\_\_\_\_

**(Both parents or Guardian(s) must sign)**

This release is complete and full, and is not conditioned upon any act, word or deed by either the undersigned or the sponsoring bodies and individuals of said Rodeo.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(\*)

\_\_\_\_\_  
Father's (or Guardian) Signature

(\*)

\_\_\_\_\_  
Mother's (or Guardian) Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**\*(ALL SIGNATURES ABOVE MUST BE IN FRONT OF THE NOTARY-due by May 2<sup>nd</sup>-midnight)**