

Mississippi High School Rodeo Association

CONSENT TO EMERGENCY TREATMENT & MINOR'S RELEASE FORM

We, the parents of _____ (name of contestant), in consideration of being granted the right and privilege to participate in the High School Rodeos sanctioned by the Mississippi High School Rodeo Association, being duly sworn on oath, do hereby give permission for the contestant to enter and participate in said rodeos. We give the local hospital and the physicians on the medical staff of the hospital permission to administer necessary emergency treatment for the injuries he or she may incur while participating in the High School Rodeos. We hereby release the local hospital, physicians on the medical staff and Rodeo Sponsors from any and all liability.

Father's Signature: _____

Mother's Signature: _____

Contestant's Signature: _____

Contestant's Printed Name: _____

NOTARY SECTION

STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO THIS _____ DAY OF _____, 20____.

_____ MY COMMISSION
EXPIRES: _____
(NOTARY PUBLIC)

DO NOT WRITE IN SPACE BELOW. FOR OFFICE USE ONLY!

| | | |
|-------------------------|---------------------------|------------------|
| Membership Paid _____ | Method of payment _____ | Transcript _____ |
| NHSRA application _____ | NHSRA Minor release _____ | |
| MHSRA application _____ | MHSRA Minor release _____ | Back # _____ |