Goat Tying Clinic PARENT WAIVER 2019

STUDENTS NAME: _____ DATE: _____

Indemnification and Release: READ CAREFULLY THIS WAIVER OF YOUR RIGHTS.

I acknowledge that participation in a rodeo activity as a competitor, volunteer, or spectator exposes the participant to substantial and serious risks of property damage, personal injury, or death. I assume all risks to myself, my guests, and my children including risks which can be eliminated, altered or controlled whether integral to equestrian recreational activities in consideration for by children being permitted to participate in Amanda Brengle Rodeo Clinic activities. I hereby indemnify, hold harmless, and release Amanda Brengle Rodeo Clinic, employees and volunteers, from liability for any and all property damage, personal injuries, or other claims arising from my child's, my own, or my guests' participation in any Amanda Brengle Rodeo Clinic activity, including, but not limited to, rodeos, practices, or play days, including claims that are known and unknown, foreseen or unforeseen, future or contingent.

I affirm or swear that I am the legal guardian or parent of the above named child, that all of the information provided above is correct, I hereby give this, my written consent, for said child to participate in any Amanda Brengle Rodeo Clinic activity, that in the event of the signature of only one parent I have authority to bind both parents with my signature, that I have read and understand the indemnification and release written above and hereby indemnify, hold harmless, and release the individuals and entities listed therein.

50% DEPOSIT PAYMENT METHOD: Checks Payable to: Amanda Brengle

• Paypal

• CASH

• CHECK

Students's Signature

Signature of children indicates that they are a voluntary participant in accordance with Wyoming Statute 1-1-118

Mother's Signature	Date
DATE: COUNTY:	
BOVE-NAMED PARENT(S) AND/OR GUARE	DIAN(S)
nd Basin Road	
	posit and Waiver to a Brengle nd Basin Road VY 82414