

# IOWA HIGH SCHOOL RODEO ASSOCIATION

Entry Form

2004 Spring Schedule

Entries **MUST** be received by the Secretary **NO LATER than April 10, 2004**

Contestant # \_\_\_\_\_ Name \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Event	Fee	Sidney April 24/25	Waterloo May 1/2	Estherville May 8/9	Moravia May 15/16	Carson June 4/5/6	Ft. Madison June 18-20
Barrel Racing	\$15	_____	_____	_____	_____	_____	_____
<b>Pole Bending</b>	<b>\$15</b>	_____	_____	_____	_____	_____	_____
Breakaway Roping	\$20	_____	_____	_____	_____	_____	_____
<b>Goat Tying</b>	<b>\$20</b>	_____	_____	_____	_____	_____	_____
Girls' Cutting	\$20	_____	_____	_____	_____	_____	_____
<b>Boys' Cutting</b>	<b>\$20</b>	_____	_____	_____	_____	_____	_____
Calf Roping	\$20	_____	_____	_____	_____	_____	_____
<b>Steer Wrestling</b>	<b>\$20</b>	_____	_____	_____	_____	_____	_____
Bareback Riding	\$20	_____	_____	_____	_____	_____	_____
<b>SaddleBronc Riding</b>	<b>\$20</b>	_____	_____	_____	_____	_____	_____
Bull Riding	\$20	_____	_____	_____	_____	_____	_____
<b>Team Roping</b>	<b>\$20</b>	_____	_____	_____	_____	_____	_____
Header Healer	_____	please	specify	partner	_____	_____	_____
Awards/Office chg	_____	\$5	\$5	\$5	\$5	\$5	\$5
<b>Total Due at Check In</b>							<b>\$5</b>

The undersigned parents and guardians of the above named contestant, in consideration of and as a condition to the acceptance of any IHSRA entry, agrees to make no claims against the Iowa High School Rodeo Association, Sponsors of all IHSRA sanctioned activities or their members or any one acting through or for them, for any loss, or damage, or injury to property, animals, or persons resulting from any cause, including any negligence of any person connected with any of the activities of the rodeo and the undersigned agrees to indemnify and hold said organizations and persons harmless from any claims arising by reason of negligence of any person or acts of their animals.

"We, the parents or guardians of: \_\_\_\_\_ give the: Sidney-Waterloo-Estherville-Moravia-Carson-Ft. Madison  
(name of contestant) (name of local hospital)

Hospital and the Physicians on the Medical Staff of the Hospital permission to administer NECESSARY EMERGENCY treatment for injuries he or she may incur while participating in the Iowa Qualifying High School Rodeo. We understand that each contestant must be and is covered by medical insurance. We hereby release the Sidney-Waterloo-Estherville-Moravia-Carson-Ft. Madison the (local) hospital, physicians on the Medical Staff, and the Rodeo Sponsors from all Liability.

Signed X \_\_\_\_\_ and \_\_\_\_\_  
(signature of father/guardian) (signature of mother/guardian)