

# Double M Pro Rodeo

Please read and fill out both sides of this form and return it to Double M Rodeo prior to rodeo event.

Contestant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**If contestant is a minor, CUSTODIAL OR PARENTS names, address (if different from contestant) and phones:**

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person to contact if parent cannot be reached:

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

## RELEASE OF LIABILITY

This is an important legal document.

Please read carefully.

I understand that rodeo activities are inherently dangerous. The animals are unpredictable, and the grounds upon which the activities take place are maintained as best as can be. Therefore I, on behalf of myself and/or minor child release Double M Pro Rodeo, Ron & Kathy Martin, Cindy & Wayne Martin, the premises, their assigns, assistants, and all other persons assisting at any time from any and all claims and liabilities of any kind whatsoever arising out of or in any way relating to any rodeo activity. I have read the above, understand what I have read, and agree to it.

Signature of Contestant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION FOR MEDICAL TREATMENT

**FOR ADULTS:** In case of emergency, I authorize any person on the premises to seek and authorize medical care for me. My insurance information is listed below, and I agree to be financially responsible for medical treatment incurred. This release will remain in effect indefinitely.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MINORS:** In the event my child requires medical attention, please attempt to contact me, but do not delay treatment if I am unreachable. I authorize any person on the premises to seek and authorize medical care for my child. My insurance information is listed below, and I agree to be financially responsible for medical treatment incurred. This release will remain in effect indefinitely.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Contestant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please describe any allergies, existing medical conditions, or medications:**

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Because there is no viable proof that the insurance listed below is accurate or current, it is not the responsibility of J&C Rodeo Co, Ron & Kahy Martin, Double M Western & Tack Stores and any other person or company associated with the event to verify such information and it is up to the individual on this form to be responsible for there own actions and financial ability for any expense incurred due to the sport of rodeo. The information below is gathered for the sake of helping medical personnel in the case of emergency.

Insurance Company: \_\_\_\_\_

Phone number of company: \_\_\_\_\_

Name of insured \_\_\_\_\_

Policy Number (Include the Group Number): \_\_\_\_\_

Incase family cannot be reached, additional name and number to notify in case of emergency:

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