

Double M Pro Rodeo

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

Contestant's Name: _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell: _____

EMAIL: _____ S S # _____

If you have never received a 1099 before

If contestant is a minor, parents' names, address (if different from contestant) and phones:

Parent Name: _____ Parent Name: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Cell Phone/Home _____ Cell/Home 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 to the safest level. The ground conditions may change during the event. I understand that there is a real possibility that I, the contestant, may become injured or an injury may result in death. Therefore I, on behalf of myself and/or minor child release Double M Pro Rodeo, J & C Rodeo co, Inc. , Ron & Kathy Martin, Cindy & Wayne Martin, Double M Western Store Inc. , 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 _____

Contestatnt Name _____

It is not the responsibility of this rodeo to require proof of legal guardianship. It can only go by what the individual supplies. If there is two legal guardians, both MUST sign.

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

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, Double M Western Store, Inc. Ron or Kathy Martin 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. It is highly advised that all individuals participating in the sport of rodeo have medical insurance.

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 incase of emergency:
