



NAME:			DOB://
ADDRESS:	CITY:	STATE:	ZIP:
PHONE: ()	EMAIL ADDRESS:		
N THE EVENT OF AN EMERGENC	Y, PLEASE NOTIFY	PHONE # (	)
	MD ☐ LG ☐ XL ☐ XXL ☐ XXXL  M ☐ MD ☐ LG ☐ XL ☐ XXL	<u>youth</u> □xs □sm □	OMD CLG XL
	Whippoorwill Rodeo, LLC and its representation good and valuable consideration, the sufficiency of		
emotional injury. I understand that such may act or react unpredictably based upon that Whippoorwill Rodeo, LLC does not covenant not to sue Whippoorwill Rodeo, animals. My participation in the activities	being around bulls, horses, and other animals involves both kn risks include but are not limited to the fact that bulls, horses, a on instinct, fright, lack of control, latent or apparent defects or have a duty to protect me or other participants from risks, whe LLC. I agree and promise to accept and assume all risks existin is purely voluntary, and I elect to participate in spite the risks.  WAIVE, DISCHARGE, AND CONVENANT NOT TO \$2.00.	and other animals, irrespective of their conditions, acts of other persons, and ether known or unknown, inherent or ag in connection with any and all active	ir previous behavior and characteristics, d/or contact with plants or animals. I agree otherwise, and I hereby agree, promise, and vities involving bulls, horses, or other
rodeo committee, stock contractor, rodeo premises used to conduct the event and opersonal representatives, assigns, heirs, and	association, arena operators or owners, officials, any persons in a each of them, their officers and employees, all for the purposes ad next of kin for any and all loss or damage, and any claim or der d by the negligence of the releases or otherwise while the unde	restricted areas, promoters, sponsors, s herein referred to as "releases", fro- nands therefore on account of injury	advertisers, owners, and lessees of m all liability to the undersigned, his to the person or property or resulting in
action (including but not limited to any a activities of Whippoorwill Rodeo, LLC o Control Act or the Equine Activity Liabili is deemed to be equine professionals.	WAIVE, DISCHARGE, AND HOLD HARMLESS Whipp and all claims alleging negligent acts or omissions of Whippoorum in relation to Whippoorwill Rodeo, LLC operations. I further ty Act, whether or not my activities are deemed to be sponsored by I understand that voluntarily accepting responsibility for contral Control Act and, therefore, I cannot recover any amount from	vill Rodeo, LLC) which are in any war waive and release all rights (if any) to an equine activity sponsor and volling any animal at a Whippoorwill	ay connected to participation in any that may or could arise under the Animal whether or not Whippoorwill Rodeo, LLC
presence of the undersigned in or upon to caused by the negligence of the releases of		ving, or working for, or for any purp	pose participating in the event and whether
otherwise while or upon the restricted are	BILITY FOR AND RISK OF BODILY INJURY, ILLNESS, D. ea and /or while competing, officiating, observing, or working the activities of the event are very dangerous and involve the rispecifically related to COVID-19.	for, or for any purpose participating	in the event. THE UNDERSIGNED
and involved with, and consents to the use literature and their release to print media,	g photographed and/or videotaped during participation in any v of those photographs or videotapes in the promotion of Whippod social media, television, or other electronic media. this entire document. I have read and understood this documen	orwill Rodeo, LLC events, including	but not limited to their use in promotional
	heirs, legal representatives, assigns, insurers, and successors.	in, and I agree to be bound by his terr	is. By signing and document, I olid myself
RODEO/EVENT. I VOLUNTARIL	I UNDERSTAND IT IS A RELEASE OF ALL C Y SIGN MY NAME EVIDENCEING MY ACCEPTA BELOW, AND THIS RELEASE AND CONVENA BELOW NAMED MINORS.	ANCE OF THE ABOVE PROV	ISIONS. I HAVE THE AUTHORITY
ignature of Participant		 Date	
	t or legal guardian must complete and hav	ve the following notarize	d:
ersons covered:			
	(Please print minor name)		
rint Name of Parent or Legal Gu	nardian:		
ignature of Parent or Legal Gua	rdian:		Date://
worn & subscribed before me th	is day of, 20	_	
otary Public	my commission expire	s Affix S	Seal Here.