

WAIVER/RELEASE for the 2018 NBHA WA02 season.

Please fill out and sign the release below and place on file with NBHA WA02.

I do hereby declare that I am a participant or legal custodial parent or guardian of my child or ward participating in the Tonasket Jr. Rodeo, the Jillian Connolly Barrel Clinic and/or NBHA barrel races. I hereby agree to comply with all rules and regulations of the arena, producers and sponsors. For myself, my executors, heirs, next of kin, administrators, successors and assigns, I hereby waive and release all claims that I may have against the Tonasket Jr. Rodeo Association, Jillian Connolly, NBHA and co-sanctioning organizations, its' officers, members, volunteers, sponsors, facility owners including and all claims for damages caused by negligence of any of them, arising out of my participation in this event and its' related activities. I further agree to indemnify, release and hold harmless and defend the Tonasket Jr. Rodeo Association, Jillian Connolly, and NBHA and co-sanctioning organization, its' officers, volunteers, sponsors and arena owners against any and all claims of injury or damage to persons or property as per WA state RCW 4.224.530.

I understand that horses and activities involving horses can cause serious injury or death. I hereby acknowledge that participants in this event carries potential hazard and therefore release the NBHA and co-sanctioning organizations, its' officers, members, volunteers, sponsors, and facility owners of any liability.

Contestant's age as of January 1, 2018: _____ (only if entering senior or youth)

_____ Date _____
Contestant's name (Printed) (over 18) Contestant's signature (over 18)

_____ (Anyone under 18 must have parent or legal guardian sign)
Contestant's name (Printed) (Under 18)

Current Address _____ Phone: _____

*****Emergency contact: _____ Phone: _____

_____ Date _____ Contact phone: _____
Parent signature

_____ Date _____ Contact Phone: _____
Guardian signature

*** If a legal guardian is signing, the release must be notarized ***

Notary:

State of: _____

County of: _____

Signature of Notary of Public _____

My commission expires: _____

Printed name of Notary of Public: _____

