

Hawaii High School Rodeo Release Waiver

"We, the parent or guardian of: _____ give the: MAUI MEMORIAL 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 Hawaii District Rodeo of the Hawaii High School Rodeo Association. We understand that each contestant must be and is covered by medical insurance. We hereby release the MAUI MEMORIAL HOSPITAL, Physicians on the Medical Staff, as well as Hawaii High School Rodeo Association and its Directors, the National Directors, the Rodeo Sponsors, their heirs and assigns, from any and all claims, responsibilities and liabilities, except for negligence, which the undersigned may have as a result of his or her participation at this rodeo/event and its related facilities on MAY 7 – 10, 2026 .

(Date of Rodeo)

I, the undersigned, understand that HAWAII LAW (Chapter 663B, Hawaii Revised Statutes) limits the civil liability of persons offering rodeo type activities. I understand that there are inherent risks of injury, including death, when participating with and riding horses and/or bulls and being around other livestock, such as cattle which risks include, but are not limited to injury or death to persons on or around it, hazards such as surface and subsurface conditions. Collisions with other objects and animals, the unpredictability of a horse or bull's reaction to such things as sound, sudden movement, unfamiliar objects, persons, or other animals and the potential negligence of another participant, such as failing to maintain control over their horse or not actin within their ability. Knowing and understanding the risks of riding and participating with horse and/or bull riding, including injury and death to my person and damage to my personal property, I expressly chose to assume these risks, The undersigned agrees that this instrument is a legal contract and is binding on his/her heirs and assigns.

The undersigned also acknowledges that HAWAII HIGH SCHOOL RODEO ASSOCIATION is the sponsor of the HHSRA High School State Finals.

I also agree to abide by all rules and regulations set forth by the Hawaii High School Rodeo Association. I have read and understand all of the above.

PLEASE FILL OUT COMPLETELY.

DATE: _____ CONTESTANT SIGNATURE: _____

CONTESTANT NAME: _____

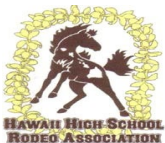
ADDRESS: _____ CITY _____ ST _____ ZIP _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

CELL PHONE _____ ALTERNATE PH _____

EMAIL ADDRESS _____ @ _____ . _____

HEALTH INSURANCE CARRIER AND POLICY NUMBER _____



HAWAII HIGH SCHOOL RODEO ASSOCIATION
c/o PO BOX 6736 KAMUELA, HAWAII 96743

