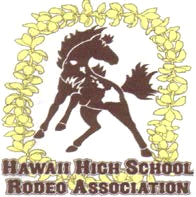
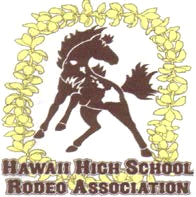
****HAWAII HIGH SCHOOL RODEO**

**JUNIOR STATE FINALS RODEO WAIVER**

“We, the parent or guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the: **WILCOX 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 Junior State Finals Hawaii High School Rodeo Association. We understand that each contestant must be and is covered by medical insurance. We hereby release the **WILCOX MEMORIAL HOSPITAL**, Physicians on the Medical Staff, as well as HHSRA 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 4 – 7, 2023.

The undersigned, personally and in behalf of the undersigned’s heirs, personal representatives and assigns, for and in consideration of CJM Country Stables owners (including its personnel, Trustees, and agents) permitting and allowing the use of the designated facilities agrees to indemnify and save and hold harmless Hawaii High School Rodeo Association against any and all loss, liability, demands, claims, suits, actions or proceedings of every name, character and description which may be suffered or incurred by or brought against Hawaii High School Rodeo Association for or an account of any injuries or damages to use of the facilities by the undersigned individual. I, the undersigned, understand that HAWAI`I 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 bulls 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 CJM Country Stables owners is NOT the sponsor of the event and that the HAWAII HIGH SCHOOL RODEO ASSOCIATION is the sponsor.

I also agree to abide by all rules and regulations set forth by the HHSRA and CJM Country Stables Arena. I have read and understand all of the above.

“Membership in the National High School Rodeo Association by the student and as authorized by the mother, father or guardian, hereby grants permission to use the student’s name, photograph, picture, likeness, and physical depiction to be used by such persons, firms, or corporations as may be approved and selected by the NHSRA and will abide by the terms and conditions of any agreement between the NHSRA and such persons, firms or corporations regarding advertising and promotional issues.

PLEASE FILL OUT COMPLETELY. PLEASE PRINT LEGIBLY.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTESTANT IGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keiki Age (Aug. 1, 2022) \_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT CONTESTANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ALTERNATE E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_