



HOSPITAL RELEASE FORM

We, the parents and/or guardians of:

Please print name of Contestant

give the following hospitals, permission to administer **NECESSARY EMERGENCY** treatment for injuries he or she may incur while participating in the high school rodeo:

1. Kiowa County Memorial Hospital, Triangle Rodeo, Greensburg, KS
2. Cloud County Health Center, Concordia Rodeo, Concordia, KS
3. Newman Regional Health center; Lyon County Showdown '09; Emporia, KS

We understand that each contestant must be and is covered by medical insurance. We hereby release the designated local hospital, physicians, medical staff, and the rodeo sponsors from all Liability.

Signed: _____

And _____
(Parent or guardian must sign for all events entered, regardless of age of Contestant)