



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. Medicine Lodge Memorial Hospital ; Medicine Lodge High School Rodeo, Medicine Lodge, KS
2. Kiowa County Memorial Hospital, Triangle Rodeo, Greensburg, KS
3. Stormont–Vail Health Care or St. Francis Hospital Health Center in Topeka, North Topeka Saddle Club High School Rodeo, Topeka, KS
4. Cloud County Health Center, Concordia Rodeo, Concordia, KS
5. 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)