



Hospital Release Form 2012 Spring Rodeos

We, the parents or guardians of:

(Name of Contestant) (Please print)

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. Western Plains Medical Complex, Dodge City Roundup HS Rodeo, Dodge City, KS
2. Stormont–Vail Health Care or St. Francis Hospital Health Center in Topeka, North Topeka Saddle Club High School Rodeo, Topeka, KS
3. Wesley Medical Center, St. Francis Hospital, Wichita, KS State Finals

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

Signed: _____

(parent or guardian must sign for all events entered, regardless of age of contestant)

*Please return this Spring Hospital Release Form and a copy of your 2011 Fall Semester grade card to the State Secretary no later than **April 1, 2012**. This is part of your eligibility requirements and you will not be eligible to enter the spring rodeos until these forms are on file with me. Mailing address is:*

KHSRA

Suzan Adams, State Secretary

7762 Old Stage Road

Junction City, KS 66441

If your email address has changed, please let me know that so that I can update the KJHSRA mailing list