



## 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. Greenwood County Hospital; Eureka High School Rodeo, Eureka, KS
2. Mercy Hospital; Mound City High School rodeo, Mound City, KS
3. Stormont–Vail Health Care or St. Francis Hospital Health Center in Topeka, North Topeka Saddle Club High School Rodeo, Topeka, KS
4. Hamilton County Hospital, Hamilton County HS Rodeo, Syracuse, 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)*