

# KHSRA/KJHSRA HOSPITAL RELEASE FORM

We, the parents and/or guardians of:

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*Please print name of Contestant*

give EMT's, Hospital, physicians on the medical staff of the hospital and ambulance attendants that the Qualifying Rodeo or State Board chooses for emergency treatment, permission to administer **NECESSARY EMERGENCY** treatment for injuries he or she may incur while participating in the state approved activities.

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

Signed:

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And

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*(Parent or guardian must sign regardless of age of Contestant)*