20th Annual

STIRLING FAMILY MEMORIAL RANCH RODEO

**WILD PONY RACE**

STANLEY COUNTY FAIRGROUNDS---FORT PIERRE, SD

SEPTEMBER 17, 2017

Entry Fee is $60/team Entry deadline is SEPTEMBER 7, 2017

8 teams are accepted, 1st come, 1st serve basis

ALL TEAM MEMBERS MUST BE 14 and UNDER

***\*\*ENTRY FEE IS DUE WITH ENTRY\*\****

***ENTRIES WILL BE RETURNED WITHOUT ACCOMPANYING FEE. NO REFUNDS.***

Mail completed entry form and entry fee to:

Sandy Sivertsen

PO Box 212

Ree Heights, SD 57371

605-943-5516 home 605-870-2472 cell

Or you can email your entry form to: stirlingfamilyranchrodeo@yahoo.com

Entries can be paid on PayPal – Stirling Family Ranch Rodeo

**Team Name:**

CONTESTANT INFORMATION

Team Captain:

Contestant Name BIRTHDATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone

City State Zip Code

Email (for team packet)

 Team Member 2:

Contestant Name BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_

Team Member 3:

Contestant Name BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_

***ALL CONTESTANTS ARE ENCOURAGED TO WEAR PROTECTIVE VESTS and HELMETS.***

***ALL TEAM MEMBERS MUST HAVE A PARENT SIGN THE RELEASE OF LIABILITY FORM!***

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I am aware that a Rodeo is a hazardous activity, and I am participating and/or volunteering in at the Stirling Family Memorial Ranch Rodeo. The Stirling Family Memorial Ranch Rodeo will be at Stanley County Fairgrounds located at 310 Casey Tibbs St., Fort Pierre, SD on Sunday, September 17, 2017. I am with knowledge of the dangers involved and I hereby agree to accept any and all risks of property damage or personal injury or death. This waiver and release applies to all events including rodeos or equine events held at the arena, during September 17, 2017. I acknowledge that this rodeo is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including but are not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and or producer of the event, and lack of hydration. These risks are not only inherent to participants but are also present for the volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not advised otherwise by a qualified medical person that I cannot participate. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events. I am responsible for any and all medical expenses incurred during my participation in the rodeo.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, guardians, administrators, heirs, next of kin, parents, successors, and assigns as follows:

1. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the organizer and the following entities or persons: Stirling Family Memorial Ranch Rodeo, all Stirling Family Members, Stanley County Fairgrounds, and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials.
2. Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my or any actions during this event.

I hereby consent to medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event from emergency personnel, the local hospital and its medical staff and physicians.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

My signature below signifies understanding of the above release and waiver of responsibility.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Participant Name Parent Name

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Participant Signature Parent Signature

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Date Date

Notary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number and Expiration Date