

Mississippi High School Rodeo Association

CONSENT TO EMERGENCY TREATMENT & MINOR'S RELEASE FORM

We, the parents of _____ (name of contestant), in consideration of being granted the right and privilege to participate in the High School Rodeos sanctioned by the Mississippi High School Rodeo Association, being duly sworn on oath, do hereby give permission for the contestant to enter and participate in said rodeos. We give the local hospital and the physicians on the medical staff of the hospital permission to administer necessary emergency treatment for the injuries he or she may incur while participating in the High School Rodeos. We hereby release the local hospital, physicians on the medical staff and Rodeo Sponsors from any and all liability.

(Father's Signature)

(Mother's Signature)

(Contestant's Signature)

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO THIS _____ DAY OF _____, 20_____.

(NOTARY PUBLIC) MY COMMISSION EXPIRES: _____

DO NOT WRITE IN SPACE BELOW. FOR OFFICE USE ONLY!

Membership Paid _____ Method of payment _____ Transcript _____
NHSRA application _____ NHSRA Minor release _____
MHSRA application _____ MHSRA Minor release _____ Back # _____