

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Pick one \_\_\_ Advanced school Feb 23-25 \_\_\_ beginner school March 9-11 \_\_\_ Tie-Down \_\_\_ Breakaway

Emergency Contact (include cell phone #'s): \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

I, (name) \_\_\_\_\_ expressly waive and release any and all claims which I may have now or in the future against Garrett Nokes, Kiplinger Arena and/or any other person or organization involved in "Calf Roping and Break Away Roping Schools 2018" conducted by Garrett Nokes. This provision shall be binding upon each calf roping and break away roping school participant, his/her spouse, his/her family members, legal representatives, heirs, successors and assigns.

Signature of Participant: \_\_\_\_\_

If participant is under 21 years of age, the following consent form must be completed as well as above.

I (We) the parent(s)/legal guardian(s) of \_\_\_\_\_, calf roping/break away roping participant, do hereby swear and affirm that the information provided above is true and correct and hereby release and waive the participation of applicant in the calf roping/break away roping school; and further do hereby release and waive any and all claims for personal injury or any other claim which I (We) may have, now or in the future, against Garrett Nokes, Kiplinger Arena and/or any other persons or organizations involved in the "Calf Roping and Break Away Roping School 2018" conducted by Garrett Nokes arising out of or in connection with participation of applicant in the Calf Roping and Break Away Roping School.

Signature of both parents and/or legal guardians:

\_\_\_\_\_

SUBSCRIBED and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ (seal)

Please send release and deposit to: Garrett Nokes

38430 Rd 712

McCook, Ne 69001