

Waiver of Liability

WE, THE UNDERSIGNED, PARENTS (SURVIVING PARENT OR GUARDIAN) OF

Name of Contestant

a minor, do hereby release and discharge the NORTH DAKOTA HIGH SCHOOL RODEO ASSOCIATION and the NATIONAL HIGH SCHOOL RODEO ASSOCIATION from any and all claims, demands, damages, suits, actions or causes of action which we (I) may, can or shall have by reason of any illness, injury, or accident incurred or suffered by said son or daughter while participating in the North Dakota High School Rodeo Association, all qualifying rodeos, and State Finals.

This release is complete and full, and is not conditioned upon any act, word or deed by either the undersigned or the sponsoring bodies and individuals of said rodeo.

Dated this _____ of _____, 20____.

Parent(s) or Guardian signatures

Mailing address, City, state, zip

PERMISSION TO RELEASE INFORMATION:

The North Dakota High School Rodeo Association is committed to ensuring the privacy and accuracy of your confidential information. However, on several occasions Universities, Colleges, Scholarship Foundations, Sponsors, and other persons may request personal information about its student members. With your permission, we will release contact information provided on this application about you to other interested parties. ***The NDHSRA will not disclose your confidential personal information without your specific consent.***

I, _____ (Print name of Applicant), _____ **do** _____ **do not (check one)** hereby authorize the NDHSRA to disclose the information provided on this application to interested parties, whether the said information is public, private, or confidential in nature.

I have read and fully understand the contents of the "Permission to Release Information."

Signature of Student Applicant

Date

If Applicant is under the age of 18, the Applicant's parent or legal guardian must also agree to the "Permission to Release Information." I _____ **do** _____ **do not (check one)** authorize the NDHSRA to disclose the information provided.

Signature of Parent or Legal Guardian

Date

On this _____ day of _____, 20____, before me, personally appeared the above signed persons to me known to be the persons who executed the foregoing Release(s) and acknowledged that they signed the same as their free act and deed.

My Commission Expires: _____ **County of:** _____

State of _____ **Notary Public**