NORTH DAKOTA WAIVER OF LIABILITY

2024-2025 RODEO SEASON

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

_____
PRINT Name of Contestant

a minor, do hereby release and discharge the NORTH DAKOTA JUNIOR HIGH RODEO DIVISION 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 Junior High Rodeo Division, all qualifying rodeos, State Finals and National Junior High 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 _____ day of _____, 20 _____.

_____ and _____
Both Parent(s) or Guardian Signatures Both Parent(s) or Guardian Signatures

_____
Mailing address, City, State, Zip

PERMISSION TO RELEASE INFORMATION:

The North Dakota Junior High Rodeo Division is committed to ensuring the privacy and accuracy of your confidential information. However, on several occasions' media, 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 NDJHRD will not disclose your confidential personal information without your specific consent.**

I, _____(print name of applicant), ____ ***do;*** ____ ***do not*** (check one) hereby authorize the NDJHRD 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 NDJHRD to disclose the information provided.

_____ and _____ _____
Both Parent (s) or Guardian Signatures Date

State of _____)
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, _____ (must be both parents and the contestant) known to me (or proved to me on oath of _____) to be the person who is described in and who executed the within instrument, and acknowledged to me that that person (or they) executed the same.
(stamp here)

_____
(Notary Public)