



LA PINE RODEO ASSOCIATION

2018 Play Day Registration

- Sunday, May 20th
- Sunday, June 17th
- Sunday, July 29th
- Sunday, August 19th
- Sunday, September 9th

La Pine Rodeo Association
 PO Box 674 • La Pine OR 97739
 www.lapinerodeo.com

8:00am – 8:30am Registration
 9:00am – Play Day Start Time

Name: _____ Horse: _____

Address: _____ City/State: _____

Phone: _____ E-Mail: _____

AGE DIVISION	EVENTS	FEES
<input type="checkbox"/> Pee Wee (6 & Under)	<input type="checkbox"/> Barrels	<input type="checkbox"/> \$10 Member <input type="checkbox"/> \$15 Non-Member
	<input type="checkbox"/> Keyhole	
	<input type="checkbox"/> Birangle	<input type="checkbox"/> \$5 Member <input type="checkbox"/> \$10 Non-Member

AGE DIVISIONS	EVENTS	FEES
<input type="checkbox"/> Juniors (7-9)	<input type="checkbox"/> Barrels	<input type="checkbox"/> \$20 Member <input type="checkbox"/> \$25 Non-Member
<input type="checkbox"/> Intermediate (10-13)	<input type="checkbox"/> Keyhole	
<input type="checkbox"/> Senior (14-17)	<input type="checkbox"/> Birangle	<input type="checkbox"/> \$5 Member <input type="checkbox"/> \$10 Non-Member
<input type="checkbox"/> Adult (18-49)	<input type="checkbox"/> Poles	
<input type="checkbox"/> Super Senior (50 & Up)	<input type="checkbox"/> Individual Flag	

• Poles & Individual flag will be for Junior Age Division & Up

- Ribbons for 1st – 3rd Place at each Play Day.
- High Point Awards will be given at the end of the Series for each age division, Buckles for 1st Place.
- Sportsmanship ribbons and points will be given at the end of Series. 1st Place.
- Sportsmanship award will be given at the end of the year to the person with the most points.

Amount: \$ _____

- Cash
- Check # _____
- Debit/Credit

Play Days will follow OHSET rules and SOGs (Standard Operating Guidelines) including patterns and dimensions.
HELMETS are required for all riders under 18 years of age.
 Please sign the agreement on this page and the release form on back.

Name: _____

Signature: _____

Date: _____

***** SIGN MEDICAL RELEASE FORM *****

GENERAL RELEASE—PLEASE READ CAREFULLY

I THE UNDERSIGNED, HEREBY AGREE FOR MYSELF AND MY HEIRS TO FULLY AND FOREVER RELEASE AND DISCHARGE **THE LA PINE RODEO ASSOCIATION** OFFICERS AND MEMBERS THEREOF FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS OF ACTION, OF OR CAUSES OF ACTION FOR DAMAGES OR LOSS ON ACCOUNT OF ANY INJURIES OR DAMAGES, OR OTHERWISE OF EVERY KIND AND CHARACTER TO ME OR TO OTHER PERSONS OR PROPERTY RESULTING FOM OR WHICH MAY RESULT EITHER DIRECTLY OR DIRECTLY FROM THE USE OF ANY OR ALL OF THE FACILITIES OR EQUIPMENT OF THE LAPINE RODEO WHETHER OR NOT DAMAGE OR INJURY IS CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF LAPINE RODEO DIRECTORS OR MEMBERS. I HEREBY AGREE THAT I AM USING THESE FACILITIES AT MY OWN RISK AND I ASSUME FULL RESPONSIBILITY FOR SUCH USE AND FOR ANY RESULTS HEREOF. IN ADDITION I/WE HEREBY AGREE TO ASSUME ALL RESPONSIBILITY AND RISKS FROM THE PARTICIPATION IN ANY RODEO EVENT AT THE LAPINE RODEO, AND FURTHER AGREE TO HOLD LA PINE RODEO ASSOCIATION, THEIR MEMBERS, DIRECTORS, OFFICERS AND EMPLOYEES FREE AND HARMLESS FROM ALL DAMAGES OR LIABILITY FOR AND INJURY TO PERSON OR PROPERTY ARISING AS A RESULT OF THIS PARTICIPATION INCLUDING ATTORNEY FEES AND COURT COST.

DATE:

SIGNATURE:
(REGISTRANT/PARENT OR GUARDIAN)

MEDICAL RELEASE

THE UNDERSIGNED, AND/OR PARENTS OF THE ABOVE MINOR DO HEREBY CONSENT TO ANY X-RAY EXAMINATION ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL SERVICE THAT MAY BE RENDERED UNDER THE GENERAL OR SPECIFIC INSTRUCTIONS OF ANY HOSPITALOR PHYSICIAN. IT IS UNDERSTOOD THAT THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIFIED DIAGNOSIS OR TREATMENT WHICH MAY BE REQUIRED BUT IS GIVEN TO ENCOURAGE THE NEAREST MEDICAL SERVICES, IT'S STAFF AND SUCH PHYSICIAN TO EXERCISE THEIR BEST JUDGEMENT AS TO THE REQUIREMENTS OF SUCH DIAGNOSIS OR TREATMENT.THE UNDERSIGED SHALL PAY ALL FEES FOR DOCTORS, HOSPITALS, AMBULANCES, AND OTHER MEDICAL CHARGES REASONABLE AND NECESSARILY INCURRED. THIS RELEASE SHALL BE IN FULL FORCE AND EFFECTIVE UNTIL IT IS WITHDRAWN BY THE ABOVE OR PARENT/GUARDIAN. I FULLY UNDERSTAND THAT **Play Day Events** ARE RISK SPORTS, AND ENGAGE IN THEM AT MY OWN RISK. I AGREE TO ABIDE BY ALL RULES, AND REGULATIONS OF THE LAPINE RODEO ASSOCIATION NOW IN EFFECT OR LATER ADOPTED.

DATE

SIGNATURE
(REGISTRANT/PARENT/ GUARDIAN)

NAME: _____ BIRTHDATE _____

ADDRESS _____ PHIONE _____

CITY _____ ZIP _____

EMERGENCY CONTACT _____ PHONE _____

NOTATIONS: _____

