



La Pine Rodeo Association

2019 Play Day Series

Registration Form

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

Dates

8:00am - 8:30am Registration	Saturday April 27th	Sunday May 12th	Sunday June 23rd
9:00am - Play Day Start Time	Saturday July 27th	Sunday August 18th	Saturday Sept. 28th
	Sunday October 13th	Saturday Oct 26th (Halloween Costume Contest)	

Name: _____ Horse: _____
 Address: _____ City/State: _____
 Phone: _____ E-Mail: _____

AGE DIVISION	EVENTS	FEES
Pee Wee (6 & Under)	Barrels	All Events \$10 Member
	Keyhole	\$15 Non Member
	Birangle	Single Event \$5 Member

Juniors (7-9)	Barrels	All Events \$20 Member
Intermediate (10-13)	Keyhole	\$25 Non Member
Senior (14-17)	Birangle	Single Event \$5 Member
Adult (18-49)	Poles	\$10 Non Member
Super Senior (50 & Up)	Individual Flag	

Amount: \$ _____
 ___ Cash ___ Check # _____

-Ribbons for 1st through 3rd places 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 each Play Day, with High Point Sportsmanship award at end of series

Play Days will follow OHSET rules and SOG's (Standard Operating Guidelines) including patterns and dimensions.

Helmets are required for all riders 18 years of age and under.

Please sign the agreement on this page and the release form on back.

_____	_____	_____
Print Name	Signature (Parent / Guardian if under 18)	Date

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 _____ PHONE _____

CITY _____ ZIP _____

EMERGENCY CONTACT PHONE : _____

NOTATIONS: _____
