

**FOX HOLLOW RODEO
ASSUMPTION OF RISK
(MINOR RELEASE)**

Print Minor Childs Name Here

My child wishes to participate in rodeo events at Fox Hollow Rodeo. I am aware of, and have discussed with my child, the danger and risk of injury while participating in these events at Fox Hollow Rodeo. I agree that if at any point I, or my child, feel endangered while participating in these events, that I am free to withdraw them from the event and will do so of my own free will.

I am the parent or legal guardian of the minor child listed above and I have reviewed the information contained in this document with them. I hereby give permission for my child to participate in events at Fox Hollow Rodeo. By signing this waiver I agree to hold harmless Fox Hollow Stables/Fox Hollow Rodeo its owners, staff and heirs from any and all liability pertaining to my child's participation and attendance at these events. This waiver will remain on file for a minimum period of one year and allows my child to participate in events at Fox Hollow Rodeo in my absence.

X

Print Name (Parent/Guardian) Signature Date

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Address City St Zip EMERGENCY PHONE #

X

Fox Hollow Rodeo Staff Signature Date

****Note:** *This form must be notarized if the parent/guardian will not be accompanying the minor child to the event to sign the waiver in the presence of Fox Hollow Rodeo authorized staff.*

Subscribed to and sworn before me this _____ Day of _____ 2012.

Notary Public

My Commission Expires