



STANDARD ENTRY BLANK



FOR NON-MEMBERS ONLY

(Revised 05-07)

CONTESTANT INSTRUCTION:

The Standard Entry Blank is provided to facilitate entry unto any approved Little Britches Rodeo. It is YOUR RESPONSIBILITY to know the particulars of each rodeo including, but not limited to: fees, deadline, limited entry, etc. This information is available via the web at www.nlbra.com and in the NLBRA NEWS. In using the Standard Entry Blank, it is understood that neither the National Office nor the rodeo shall become responsible for errors in submitting entry! Please send this form to the appropriate Rodeo Secretary, not the NLBRA National Office.

CONTESTANT TO COMPLETE:

Name of Rodeo Entering: _____ Rodeo Dates: _____

Today's Date: _____ Email _____

Contestant Name: _____ Present Age: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____ Telephone: _____

CHECK EVENTS ENTERED

SENIOR BOYS DIVISION	
<input type="checkbox"/>	Steer Wrestling
<input type="checkbox"/>	Saddle Bronc Riding
<input type="checkbox"/>	Bareback Bronc Riding
<input type="checkbox"/>	Bull Riding
<input type="checkbox"/>	Tie-Down Roping

LITTLE WRANGLERS DIVISION	
<input type="checkbox"/>	Barrel Racing
<input type="checkbox"/>	Goat Tail Untying
<input type="checkbox"/>	Flag Racing
<input type="checkbox"/>	Pole Bending

JUNIOR BOYS DIVISION	
<input type="checkbox"/>	Bareback Bronc Riding
<input type="checkbox"/>	Bull/Steer Riding
<input type="checkbox"/>	Breakaway Roping
<input type="checkbox"/>	Goat Tying
<input type="checkbox"/>	Flag Racing

SENIOR GIRLS DIVISION	
<input type="checkbox"/>	Breakaway Roping
<input type="checkbox"/>	Barrel Racing
<input type="checkbox"/>	Goat Tying
<input type="checkbox"/>	Trail Course
<input type="checkbox"/>	Pole Bending

<input type="checkbox"/>	Sr. Team Roping
I am a: _____ Header _____ Heeler	
Partner's Name: _____	
<input type="checkbox"/>	Jr. Team Roping
I am a: _____ Header _____ Heeler	
Partner's Name: _____	
<input type="checkbox"/>	Jr. Ribbon Roping
I am a: _____ Roper _____ Runner	
Partner's Name: _____	

JUNIOR GIRLS DIVISION	
<input type="checkbox"/>	Breakaway Roping
<input type="checkbox"/>	Barrel Racing
<input type="checkbox"/>	Goat Tying
<input type="checkbox"/>	Trail Course
<input type="checkbox"/>	Pole Bending

Please indicate which rodeo(s) you are entering (ex. #1, #2, ect) _____

I HEREBY CERTIFY THAT I HAVE READ
NLBRA OFFICIAL RULEBOOK.

Contestant's Signature

EVENT ENTRY FEE(S)	\$ _____
ADDITIONAL STOCK FEE, if applicable	\$ _____
CONTESTANT FEE	\$ <u>9.00</u>
NON-MEMBER FEE	\$ <u>25.00</u>
TOTAL	\$ _____
NUMBER OF RODEOS ENTERED	x _____
TOTAL ENCLOSED	\$ _____

Check Cash Money Order

ENTRY VOID UNLESS BOTH SIDES ARE COMPLETED IN DETAIL!

IMPORTANT!

Parents (or Guardian) Must Complete This Medical Information and Sign Consent:

Does contestant have serious illness: _____ malformations: _____
 Injuries: _____ Explain: _____
 Does contestant have drug allergies: _____ Explain _____
 Date of tetanus immunization or booster shot: _____
 Has contestant suffered prior rodeo injuries? _____ Date: _____
 Rodeo: _____ Other remarks: _____

It is mutually understood that said contestant is protected under provisions of a limited medical insurance policy, as set forth in the rules, in which we, the parents or guardians, agree to pay the deductible and co-insurance portion of any claim.

We, the parents and/or guardians, and contestant, HAVING READ THE NLBRA RULE BOOK AND COMPLETED the ENTRY, herewith give consent for participation of the contestant whose name appears on the reverse side, in the approved Little Britches Rodeo at the location and on those dates noted on the reverse side. We acknowledge that participation in any National Little Britches Rodeo Association, (hereinafter NLBRA) sanctioned rodeo or activity as a competitor, participant, volunteer or spectator exposes a competitor, participant, volunteer or spectator to a substantial and serious risk of property damage, personal injury, or death. We assume all risks to ourselves, our guests and our children, including risk which can be eliminated, altered or controlled, whether or not integral to equestrian recreational activities. In consideration for our child being permitted to participate in NLBRA rodeos and activities, we hereby agree to indemnify, hold harmless and release NLBRA its agents, executive committee members, sponsors, volunteers, owners, stock contractors and any NLBRA franchisee, production entity or organization, their agents, representatives, sponsors, volunteers, owners, and stock contractors from liability for any and all property damage, personal injuries, death, or other claims arising from our child's, our own, or our guest's participation in any NLBRA activity, including but not limited to, rodeos, practices, play days, or other activities, including claims that are known or unknown, foreseen or unforeseen, future or contingent. This release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Also, it is mutually understood that the Rodeo Sponsors shall retain all rights and privileges of said rodeo. In submitting entry, contestant, parents and/or guardians agree to permit use of all publicity, photographs, radio and televisions broadcasts, motion pictures, newspaper and magazine accounts and websites.

In the event of the signature of only one parent or guardian, such parent or guardian has the authority to bind both parents or guardians with their signature.

FATHER: _____ MOTHER: _____
 Signature Signature

GUARDIANS: _____ CONTESTANT: _____
 Signature Signature

DATE: _____ CITY: _____ STATE: _____

NOTE TO PARENTS:

In case of injury it becomes the responsibility of the parent, guardian, or injured contestant to secure insurance claim forms from the Rodeo Secretary where injury occurred. Rodeo Secretary MUST sign the claim form. Contestant's portion of the form MUST be completed. Then mail direct, along with invoice of services and copy of any Explanation of Benefits from other (primary) insurance, to the insurance claims office for payment. The deductible and co-insurance is paid by parents, guardian, or contestant directly to attending physician or hospital.

CONTESTANT MUST REPORT THROUGH FIRST AID BEFORE LEAVING RODEO TO BECOME VALID, CLAIM BLANK MUST BE SUBMITTED WITHIN NINETY (90) DAYS FOLLOWING ACCIDENT!

**All claims are subject to limitations of policy.
 ENTRY VOID UNLESS BOTH SIDES COMPLETED IN DETAIL!**