Carney Roundup Rodeo Committee, Nadeau Township, and its' officers, directors, and employees and volunteers from and against all claims, demands, causes of actions and expenses of every kind, including attorney's fees, arising out of or related in any manner to the acts or commissions of any owner, handler, exhibitor , or consignor. Presentation of signed entry of consignment forms shall be deemed acceptance of the conditions of this rule. In the event an entry or consignment form is not signed or presented, appearance on the grounds of the Carney Roundup Rodeo activity as an exhibitor, handler, owner, or consigner shall be deemed to be acceptance of the conditions of this rule.
By signing you agree that you have read and understand the rules that apply to this event.

_____ _____

Parent Signature Date Competitor Signature Date

Emergency medical, dental or surgical treatment of a minor.

I,_____, am the (mother), (father), (guardian) of _____
a minor who is participating in the Carney Roundup Rodeo Dream Ride. I hereby consent to any medical, dental or surgical treatment or procedure of an emergency nature that is reasonably necessary. Any known allergies (medication/medical supplies)_____

Insurance company_____ Policy number_____

Emergency Phone numbers_____ Contact person_____

I understand that should medical emergency treatment be required ,the current insurance information listed above will be provided to the attending clinic/hospital to cover future payment of incurred bills. Furthermore, I agree I will be financially responsible for treatment or procedure that is not covered by insurance. The Carney Roundup Rodeo will have no financial responsibility for said treatment or procedure.

X Signature of Guardian_____Date_____

X Signature of Witness_____Date_____

Mail Entries & Copy of coggins test before May 25, 2010 to:
Carney Roundup Rodeo/ c/o Hudson's
N13421 J1 Road Carney, MI. 49812
906-639-2618 or 906-630-9146

Note: Late entries will be returned