



NOTICE, CONSENT, AND WAIVER FOR ESU 16 PARTNER UP RODEO

We are the student and the parent/guardian(s) of the student identified below. I/We give my/our permission for the child/participant listed below to attend Partner Up Rodeo. I/We understand that the purpose of Partner Up Rodeo is to allow participants to experience the aspects of western heritage while partnered with volunteers, ESU staff and/or school-aged peer mentors. In consideration of our child being allowed to participate in the Partner Up Rodeo, we acknowledge, appreciate, and agree as follows.

Acknowledgment of Activity and Risks. I/We understand that rodeo and equine activities are inherently dangerous. I/We understand that ESU 16 will provide supervision, safety training, and appropriate equipment. However, I/We understand and agree that even with appropriate supervision, training, equipment, and rules that attending and/or participating in rodeo activities may be a strenuous and/or hazardous, and I/We should contact a healthcare professional or doctor before my child begins such activities. I/We understand that attending and/or participating in rodeo and equine activities (including but not limited to horseback riding, grooming, or any associated activities) involve certain inherent risks and that, regardless of the precautions taken by ESU 16 or the participants, some injuries may occur. These hazards and injuries include but are not limited to: loss of control of equipment, collisions with other persons and with natural or manmade obstacles, slipping and sliding with poor footing, stepping on uneven ground, equipment failure, unpredictable behavior of animals, changes in extreme weather conditions, and negligent or unwise behavior on the part of other participants that could lead to overexertion, cuts and lacerations, eye injuries, loss of hearing, muscle strain, sprains, dislocated joints, broken bones, back injury, head injury, heart attacks, or other bodily injuries that could result in permanent disability, quadriplegia, and even death.

Declaration. I/We do hereby further declare myself/my child to be physically sound and suffering from no condition, impairment, or other illness that would prevent my participation in the rodeo. I/we acknowledge that s/he has either had a physical examination and have been given a physician's permission to participate, OR that I/We have decided that my child will participate in the rodeo without the approval of a physician and do hereby assume all responsibilities.

Medical Care. First aid will be available at Partner Up Rodeo and medical and/or hospital care will be provided in case of serious illness or injury. I/We understand that if serious illness or injury occurs the emergency contact(s) listed below will be notified. Emergency treatment will be given as recommended by the attending nurse/physician.

Release, Waiver and Indemnification. In consideration of permission granted by ESU 16 to attend and/or participate in the rodeo, I do hereby waive, release and forever discharge ESU 16, its board, officers, agents and employees from all actions, causes of action, damages, claims or demands that we, our heirs, executors, administrators, or assigns may have against ESU 16 and the parties named above for all personal injuries or loss of property which result from my participation in any activities, whether such injuries are caused by my negligence or the negligence of ESU 16 or any of its employees, representatives, or volunteers. I agree to indemnify ESU 16, its board of education, officers, agents, and employees and to pay for any costs, attorney fees, or awards that may result from resisting any complaint or lawsuit which I may bring against the above-named parties for any injury or loss I claim to have suffered.

I/We, the undersigned, have read this Notice, Consent, and Waiver and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance. **I/We UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY, WAIVER, AND AN INDEMNIFICATION AND THAT I SHOULD READ IT CAREFULLY BEFORE SIGNING IT.**

Clearly PRINT the following information:

Student's Name: _____ Birthdate: _____

Student's Signature: _____ Date: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #1 Signature: _____ Date: _____

Parent/Guardian #2 Signature: _____ Date: _____

Emergency Contact 1: _____ Emergency Phone #: _____

Emergency Contact 2: _____ Emergency Phone #: _____

In case emergency is treatment needed, medical staff find the following information helpful to provide care.

Meds and/or Emergency Meds:

Medication(s) Allergies:

Additional relevant health info: