SOUTHWEST ARKANSAS HIGH SCHOOL RODEO ASSOCIATION

MEDICAL RELEASE

2026–2027 Season

Must Be Notarized

I hereby agree to release the **Southwest Arkansas High School Rodeo Association** or anyone associated with the organization from all responsibility in the event of an accident, injury, or death involving my child _____ during the **2026–2027** rodeo season. I further grant and authorize permission for my child to be transported to a hospital and to receive medical treatment from any licensed physician and/or medical personnel. I hereby release said physician and/or medical personnel from liability for transporting or administering any necessary medical treatment.

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Sworn and subscribed before me in my presence this _____ day of _____, 2026.

State of: _____

County/Parish: _____

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal: