

We are a non-denominational organization. We emphasize the basics: salvation through faith in Christ and living a Christ honoring life. We are a faith organization and appreciate the gifts of food, labor, rodeo stock, financial, and other donations that enable us to do this work. Anyone desiring to join the Bares, Broncs, Bulls & Bibles Clinic to help, can contact Cole Elshere at (605) 200-1329.

NOTICE TO CONTESTANTS & PARENTS

- There will be no cell phone use during chapel, devotions and instruction time to avoid distraction. Please limit the time on your cell phone.
- No controlled substance (alcohol, tobacco, or illegal drugs) will be allowed on the fair grounds. Anyone in violation will be turned over to law enforcement and parents will be notified.
- Insurance is the responsibility of the participant. In case of an accident, please have your policy number available

Bares, Broncs, Bulls & Bibles RODEO BIBLE APPLICATION APPLICATIONS MUST BE NOTARIZED

Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ Phone _____

Town _____ State _____ Zip _____

Phone: _____ Email Address: _____

I / We, _____ the undersigned, _____ the _____ of
(Print Parents/Guardian Names) (Am/are) (Parents/legal guardian)

_____, who is _____ years old,
(Print Contestant Name)

and hereby give (my, our) consent for (him, her) to enter and compete at the Bares, Broncs, Bulls & Bibles and accept full responsibility for any injuries sustained by (him, her) while engaged in such activities, and in consideration we agree to indemnify and hold Bares, Broncs, Bulls & Bibles and its affiliates blameless.

Parent or Guardian Signature of Parent or Guardian Signature of _____

Both parents must sign, if living. If divorced, parent having legal custody must sign as legal guardian.

NOTARY SIGNATURE AND SEAL: _____ Dated this _____ day of _____, 20_____

My Commission Expires on: _____



RODEO EVENTS:

Please check the events that you would like to take part in.

- Bareback Riding
- Saddle Bronc Riding
- Bull Riding

Bares, Broncs, Bulls & Bibles

MEDICAL HISTORY

Name _____ Date of Birth _____

Parents Name _____

Home Phone (____) _____ Cell Phone (____) _____ Cell Phone (____) _____

Address _____

Town _____ State _____ Zip _____

Additional Person/Phone Numbers in case you cannot be reached _____

Doctors Name _____ Phone (____) _____

Insurance Company _____ Group or Policy Number _____

Insurance	Company	Address	and	Phone	Number
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Please list all medications that your child is currently taking (include non-prescription items such as aspirin, vitamins, etc., including any nonprescription medications): _____

Reasons _____ for _____ taking _____ the

medications: _____

Does your child have seizures: Yes/No _____ if yes, most recent occurrence date _____

Has your child ever been knocked unconscious or passed out? Yes/No _____ If yes, when and how: _____

Give the date your child last saw a physician _____ Reason for visit _____

Year of last Tetanus Shot _____

Circle any allergies: Hay Fever Poison Ivy Insect Sting Penicillin Asthma

List any other allergies: _____

Does your child have a history of: Heart Problems Yes/No _____ Diabetes Yes/No _____

List any other medical information: _____

THIS HEALTH FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN FOR THIS STUDENT TO PARTICIPATE IN Bares, Broncs, Bulls and Bibles.

The medical information above is correct to the best of my knowledge.

Parent/Legal Guardian

Date

Bares, Broncs, Bulls & Bibles Authorization to Consent to Medical and Dental Care

(I) (We) the undersigned parents(s) and/or legal guardian(s) of _____, a minor (under age 21), do hereby authorize the Medical Personnel (RNs, Paramedics, EMTs) of Bares, Broncs, Bulls & Bibles Clinic to:

- (i) consent to medical, surgical and dental care for such minor child,
- (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and
- (iii) on (my) (our) behalf, to
 - (a) employ physicians, surgeons, dentists, nurses, and other health personnel as may be deemed necessary for such minor child,
 - (b) admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery or care, and
 - (c) Sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would be necessitate any such medical, surgical, or dental care being required, but is given to provide authority to obtain such care if it should be required.

In Witness Whereof, (I) (We) have executed this "Authorization to Consent to Medical and Dental Care"
This _____ day of _____, 20_____.

Parent/Legal Guardian
STATE OF _____)
COUNT OF _____) SS

Parent/Legal Guardian

ON THIS _____ day of _____, 20_____, before me, a Notary Public, personally appeared an, know to me to be the person(s) who executed the above consent and stated that is was executed as his/her (their) free act and deed.

Signature Notary Public

Date Commission Expires

FELLOWSHIP OF CHRISTIAN COWBOYS CONSENT AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter for any purpose any AREA (herein defined as including but not limited to the arena, competition area, chutes, pens, areas reserved and intended for participants or restricted to the general public, and all walkways, concessions and other areas appurtenant to any area where any FCC event shall take place), or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in any FCC event, EACH OF THE UNDERSIGNEDS, for themselves, their spouses, guests, children, personal representatives, heirs, and next of kin, acknowledge, agree and represent that they have, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted areas and all portions thereof which they enter and with which they come in contact, and they do further warrant that their enter upon such restricted area or area and their participation, if any, in the event constitutes an acknowledgement that they have inspected such restricted area and that they find and accept the same as being safe and reasonably suited for the purposes of their time use, and they further agree and warrant that if, at any time, they are in or about restricted areas and feel anything to be unsafe, they will immediately advise the officials of such and will leave the restricted areas; and

1. HEREBY RELEASE, WANE, DISCHARGE AND COVENANT NOT TO SUE the participants, sanctioning organization or any subdivision thereof, rodeo committee, stock contractor, rodeo association, arena operators or owners, officials, any person in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the personal representatives, assigns, heirs, and next of kin for any and all loss of damage, and undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating, observing, working for, or for any other related purpose; and
2. HEREBY AGREES TO INDEMNIFY, AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating,

observing, or working for, or any purpose participating in the event and whether caused by the negligence of the releases or otherwise; and

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OF PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the restricted area and/or while competing, officiating, purpose participating in the event.

EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage, further expressly agrees that the forgoing release, waiver, and indemnity EACH OF THE UNDERSIGNED agreement is intended to be as broad and inclusive as in permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

WE HAVE READ THIS DOCUMENT. WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

WE UNDERSTAND WE ASSUME ALL RISK INHERENT IN HORSE RELATED ACTIVITIES.

WE VOLUNTARILY SIGN OUR NAME EVIDENCING OUR ACCEPTANCE OF THE ABOVE PROVISIONS.

IN THE EVENT OF THE SIGNATURE OF ONLY ONE PARENT OR GUARDIAN, SUCH PARENT OR GUARDIAN HAS THE AUTHORITY TO BIND BOTH PARENTS AND GUARDIANS WITH HIS/HER SIGNATURE.

DATE	PARENT OR LEGAL GUARDIAN'S NAME <small>(Please Type or Print)</small>	SIGNATURE PARENT OR LEGAL GUARDIAN
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DATE	PARENT OR LEGAL GUARDIAN'S NAME <small>(Please Type or Print)</small>	SIGNATURE PARENT OR LEGAL GUARDIAN
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DATE	CONTESTANT'S NAME <small>(Please Type or Print)</small>
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STATE OF _____)
) SS
 COUNT OF _____)

Subscribed and sworn before me this _____ day of _____, 20____, by
 _____ and _____, who are parents or guardians of
 _____, the contestant.

 Signature Notary Public

 Date Commission Expires