

2024 Texas High School Rodeo Association State Finals

OFFICIAL CONTESTANT ENTRY FORM

NAME _____ NHSRA#(not back #) _____ REGION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS: _____ (required) AGE _____ GRADE _____

CELL # _____ (needs to be # that you can be reached during the Finals)

Events Entered	Entry Fee	Place	<u>Both Parents Must Sign</u>
Barrel Racing	\$200.00	_____	_____
Pole Bending	\$200.00	_____	_____
Breakaway Roping	\$200.00	_____	_____
Goat Tying	\$200.00	_____	_____
Girls Cutting	\$200.00	_____	_____
Reined Cow Horse	\$200.00	_____	_____
Boys Cutting	\$200.00	_____	_____
Bareback Riding	\$200.00	_____	_____
Saddle Bronc Riding	\$200.00	_____	_____
Bull Riding	\$200.00	_____	_____
Tiedown Calf Roping	\$200.00	_____	_____
Steer Wrestling	\$200.00	_____	_____
Team Roping/Header	\$200.00	_____	_____
Team Roping/Heeler	\$200.00	_____	_____

Team Roping Partner's Name _____

Light Rifle	\$200.00	_____	_____
Trap Shoot	\$200.00	_____	_____

- A. ENTRY FEES (80% to jackpot) \$200.00/event \$ _____
 - B. SHOOTING ENTRY FEES \$200.00/each \$ _____
 - C. OFFICE CHARGE \$ 50.00 _____ **ROOKIE** yes no
 - D. Adult Season Pass ____X \$60.00 \$ _____
 - E. Child Season Pass ____X \$40.00 \$ _____
 - F. VIDEO FEE – \$25.00 - Cutters & RCH only \$ _____
(must pay twice if qualifies in both)
- Total of A, B, C, D, E and F due with entry \$ _____

Please circle one (1) of the above!

MINORS RELEASE ON BACK

BOTH PARENTS &/OR GUARDIAN MUST SIGN BELOW

"We, the Parents or Guardians of _____ give the HUMANA HOSPITAL OF ABILENE, TEXAS, and the Physicians on the medical staff of the hospital permission to administer necessary emergency treatment for injuries he/she may incur while participating in the Texas High School Rodeo State Finals June 6th thru 15th, 2024. We understand that each contestant must be and is covered by medical insurance. We hereby release HUMANA HOSPITAL, Physicians on the medical staff, and Rodeo Sponsors from all liability."

SIGNATURE OF NATURAL MOTHER

and

SIGNATURE OF NATURAL FATHER

SIGNATURE OF LEGAL GUARDIAN

On this ____ day of _____ 2024, before me, personally appeared _____
_____ to me known to be the persons who executed the foregoing statement and acknowledged that they signed same as their free act and deed.

SEAL

Notary Public

2024 THSFR STALL & CAMPER RESERVATION FORM

NAME _____ REGION QUALIFIED IN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE NUMBER (_____) _____

ONLY ONE STALL PER CONTESTANT PER EVENT QUALIFIED IN (ROUGHSTOCK EXCLUDED). TWO STALLS FOR STEER WRESTLING AND CUTTING EVENTS. EXTRA STALLS AVAILABLE - \$200.00 EACH - NO GUARANTEE OF LOCATION

NUMBER	TYPE OF STALL	PRICE EACH	TOTAL
_____	Stall for Contestant Horse	\$125.00	_____
_____	Stud Stall for Contestant Horse	\$135.00	_____
_____	Extra Stalls	\$225.00	_____
_____	Shavings	\$ 10.00/per bag	_____
			TOTAL _____

CAMPER RESERVATION

Camper Space A Full Hook-up \$150.00 _____

Camper Space B Electricity/water only - includes honey wagon \$150.00 _____

TOTAL FOR STALL AND CAMPER _____

Type of RV _____ Length _____

Special electrical requirements needed (50 amp breaker, etc.) _____

Region must have drawing or lottery if more than 10 request 50 amp breakers or more than 4 request 30 amp full hookups!!!

One (1) of the 50 amp spots will be a full hookup and Nine (9) will be water/electricity only.

STALL & HOOKUP RESERVATIONS MUST BE MADE WITH STATE ENTRY!!! NO GUARANTEE OF AVAILABILITY IF YOU WAIT UNTIL YOU ARRIVE ON THE GROUNDS. ONCE YOU HAVE RESERVED A HOOKUP, YOU WILL ONLY BE ALLOWED TO MAKE CHANGES BY CALLING OR EMAILING THE STATE SECRETARY. SUSAN BALDWIN (936)590-4447 - texashighschoolrodeo@gmail.com

If you want to be stalled or parked by someone in particular, please let your region secretary know. Best efforts will be made to honor your request but there are no guarantees.

TEXAS HIGH STATE FINALS RODEO

LIGHT RIFLE ENTRY FORM

PLEASE PRINT

NAME: _____

ADDRESS: _____

REGION: _____

EMAIL ADDRESS (required): _____

You will be receiving all the rules, if you do not have email address you will receive at the finals.

ENTRY FEE: \$200 - plus a \$50 office charge (if shooting only). Will enter online through EquestEvent.

ENTRY DUE WHEN YOU ENTER THE STATE FINALS RODEO or BY APRIL 10, 2024. YOU DO NOT HAVE TO QUALIFY FOR THE RODEO TO BE ABLE TO SHOOT. ANY MEMBER OF THSRA IN GOOD STANDING MAY ENTER SHOOTING CONTEST.

LAST DAY FOR ENTRIES IS APRIL 10, 2024

Susan Baldwin

722 Southview Circle

Center, Texas 75935

936-590-4447

texashighschoolrodeo@gmail.com

TEXAS HIGH STATE FINALS RODEO

TRAP ENTRY FORM

PLEASE PRINT

NAME: _____

ADDRESS: _____

REGION: _____

EMAIL ADDRESS (required): _____

You will be receiving all the rules, if you do not have email address you will receive at the finals.

ENTRY FEE: \$200 - plus a \$50 office charge (if shooting only). Will enter online through EquestEvent.

ENTRY DUE WHEN YOU ENTER THE STATE FINALS RODEO or BY APRIL 10, 2024. YOU DO NOT HAVE TO QUALIFY FOR THE RODEO TO BE ABLE TO SHOOT. ANY MEMBER OF THSRA IN GOOD STANDING MAY ENTER SHOOTING CONTEST.

LAST DAY FOR ENTRIES IS APRIL 10, 2024

Susan Baldwin
722 Southview Circle
Center, Texas 75935
936-590-4447
texashighschoolrodeo@gmail.com

CALLAHAN COUNTY SHOOTING SPORTS ASSOCIATION, INC.

WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION & ASSUMPTION OF RISK AGREEMENT

In consideration of being permitted to enter onto the premises known as the Callahan County Shooting Range located in Callahan County, Texas, and to participate in and/or observe a shooting sports event at the above named facility, the undersigned, individually and/or in his/her capacity as parent/guardian/legal custodian for his/her minor child(ren) identified herein, for himself/herself, his/her spouse, his/her child(ren), his/her guests, legal representatives, heirs and assigns **HEREBY WAIVES, RELEASES AND FOREVER DISCHARGES** the Callahan County Shooting Sports Association, Inc., the State of Texas, Callahan County, the City of Baird and their political subdivisions, and such parties' officers, directors, shareholders, committee members, employees and each of them, together with any corporate and/or charitable entity sponsoring an event, its officers, directors and employees from **ALL LIABILITY** to the undersigned releasor, his/her spouse, his/her child(ren), his/her guests, legal representatives, heirs and assigns, of and from any and every claim, demand, action of whatever kind or nature, either in law or in equity, arising from or by reason of loss, bodily injury or personal injuries known or unknown, death or property damage or damage of any kind resulting; or to result from an incident or accident that may occur from his/her presence or participation, or his/her child(ren)'s presence or participation in a shooting sports event at the Callahan County Shooting Range or any activities in connection with same, and whether by any such parties' negligence or not.

The undersigned understands and acknowledges that shooting sports involve the discharge of firearms or archery equipment and that there are many hazards and dangers associated with the observation and participation in shooting sports activities. Further, the undersigned understands and acknowledges that the above-mentioned entities, their employees and officials, or otherwise, make no representation or warranties, express or implied, as to the safety training or shooting knowledge of safe firearms or archery practices of any of the participants at any event. Therefore, the undersigned assumes full responsibility for the risk of bodily injury, death, personal property damage or other loss of any kind to himself/herself, his/her spouse, his/her child(ren), his/her guests that may occur during or as a result of the observation or participation in a shooting sports event, whether such risks are foreseen or unforeseen and whether or not the same is caused by negligence of any of the above-mentioned entities, their employees and officials, or otherwise.

The undersigned further agrees to indemnify all of the above-mentioned entities, their officers, directors, shareholders, committee members, employees and each of them, from any loss, damage or cost they may incur due to the undersigned's, or the undersigned's minor child(ren)'s observation or participation in a shooting sports event.

This **WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION & ASSUMPTION OF RISK** is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. The undersigned further states that he/she has carefully read this document and knows the contents thereof and has signed this document as his/her own free act.

In witness whereof, the undersigned has executed this document on the date stated below and intends for this document to be valid until revoked in writing by same.

_____, 20____

Releasor Signature (Non-Minor / Legal Adult)

Printed Name of Non-Minor / Legal Adult

I HEREBY CERTIFY that I am the parent/guardian/legal custodian of the minor designated herein, and I execute this document on behalf of the minor, to **WAIVE, RELEASE, INDEMNIFY, AND ASSUME THE RISK** as described in the aforementioned paragraphs.

_____, 20____

Releasor Signature (Parent/Guardian/Legal Custodian)

Printed Name of Minor

Printed Name of Parent/Guardian/Legal Custodian