

ASSUMPTION OF RISK AGREEMENT AND RELEASE  
(PLEASE READ CAREFULLY BEFORE SIGNATURE)

**WHEREAS**, Parsons State Hospital and Training Center and other organizations sponsor the Gary J. Daniels Sunbelt Rodeo on September 21 & 22, 2019, and,

**WHEREAS**, certain PSH&TC staff members, other agencies' staff, and local citizens are assigned and/or volunteer as coaches and staff of the Gary J. Daniels Sunbelt Rodeo, and

**WHEREAS**, Kansas Statutes provide for posting the following warning regarding assumption of risk of domestic animal activities which includes rodeos:

WARNING

Under Kansas law, there is no liability for any injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity.

**WHEREAS**, Rodeo participation will involve a certain degree of risk,

**IT IS THEREFORE**, understood and agreed as follows:

1. The undersigned assumes all responsibility for and all risk of damage or injury that may result to the undersigned or any minor child of the undersigned by virtue of the activity referred to in this agreement.
2. This release and assumption includes but is not limited to the following:
  - a. Travel
  - b. Participation in go-rounds.
  - c. Participation in recreational activities.
  - d. Use of equipment or facilities (e.g., pool, barn, etc.)
3. In consideration of being accepted as a participant in this activity, the undersigned hereby releases and discharges the above mentioned organizations and others mentioned in official programs as sponsors, its directors, officers, staff, employees, agents and volunteer sponsors from any and all claims, demands, rights of action, present or future, whether known, anticipated, or unanticipated, and resulting from or arising out of, or incident to, the undersigned's participation in the aforementioned activity.
4. I represent and warrant to you that the Entrant is physically and mentally able to compete in the Gary J. Daniels Sunbelt Rodeo. I wish to use the current medical/parent release on file with the Kansas Special Olympics (coach will have in their possession or a copy is attached), or I submit herewith a subscribed medical certificate (see reverse). To the best of my knowledge, full disclosure of medical history has been made available to the physician whose signature appears on the medical certificate.
5. In permitting the Entrant to participate, I am specifically granting permission to you to use the name, likeness, and/or voice and words of the Entrant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Gary J. Daniels Sunbelt Rodeo and in appealing for funds to supports such activity.
6. If I am not personally present at the Gary J. Daniels Sunbelt Rodeo in which the Entrant is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.

We have read and understand and sign this agreement and release this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

Applicant's Name:

\_\_\_\_\_

**Medical Certificate**

I have examined the above named Entrant and in my opinion there is no mental or physical reason why he or she should not compete in the Gary J. Daniels Sunbelt Rodeo. Further information will be forwarded, if required. Special medication, if any, is specified on this application.

Date \_\_\_\_\_

\_\_\_\_\_ Physician

\_\_\_\_\_ Address

\_\_\_\_\_ City, State

\_\_\_\_\_ Telephone

Special Medication Required:

Name	Dose	Intervals	Reason for Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Physician

Insurance Company & Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_