



**Horseshoe Park**

P.O. Box 1062 | Queen Creek, AZ 85142  
www.FriendsOfHorseshoePark.org

doing business as  
**ROOTS N' BOOTS**  
**Queen Creek**  
More than a rodeo!



## Future of Rodeo Waiver/Release Form – Minor

This waiver is not a participation application, but rather a waiver and release form. In return for the Friends of Horseshoe Park’s acceptance of this waiver and their permission to participate in the Future of Rodeo events (team roping, calf tying, and barrel racing), I or my authorized representative agree to the following terms:

I hereby, for myself, my heirs, executors, administrators and assigns do forever release, waive, and/or discharge any and all rights and claim for damages that may be suffered by me as a result of my preparation for, participation in, and/or traveling to and from the event.

I recognize the risks associated with my participation in the event and specifically agree to indemnify and hold harmless the Town of Queen Creek, Arizona, a municipal corporation, including any members of the governing body of the Town, or any member of any board and/or commission of the Town, and/or any employee of the Town, as well as Friends of Horseshoe Park, and/or any promoter, sponsor, or subcontractor whose facilities and/or services are being used for this event, from any and all injuries, illnesses or damages arising from or associated with my participation in this event. I further certify that I have no physical impairment or defect, whether latent or patent, that should preclude my participation in the event.

I, the undersigned, understand that the Future of Rodeo events are physical in nature and involve inherent risks for physical injury or even death due to the spinning, twisting, and bucking movement of the animal may cause me to fall off the animal in an uncontrollable manner. Further, I understand that the ground itself poses a risk as does the animal, as it may move and injure the rider while they are riding, and/or dismounting/falling, and once they are on the ground.

Participants Name (Please Print):

\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Parental approval required for participants under the age of eighteen (18) years.

I, the parent, guardian, or legal custodian of the minor person(s) listed above do hereby assent to the above waiver/release and agree to all terms as stated above.

Parent/Guardian Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_

I am of lawful age and am legally competent and authorized to sign this agreement for and on behalf of the participant. Furthermore, I give consent for emergency treatment. The undersigned also agrees and gives the Town of Queen Creek and Friends of Horseshoe Park permission to photograph and/or videotape him/herself and/or his/her child, and that such images may be published at the discretion of Friends of Horseshoe Park, in whatever outlet deemed appropriate to promote or publicize Friends of Horseshoe Park programs.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date