

American Roughstock Association  
Revenge Roughstock Company  
2457 Boones Mill Road  
Boones Mill, VA 24065

**RELEASE AND APPLICATION FORM ASSUMPTION OF RISK MANAGEMENT AND RELEASE  
OF ALL CLAIMS FOR ANYWHERE IN THE CONTINENTAL UNITED STATES**

The **UNDERSIGNED** hereby specifically and expressly assumes any and all legal responsibility for any and all risk of damage or personal injury or death that may occur to the undersigned and/or any property owned by the undersigned as a contestant or participant in any events sanctioned by AMERICAN ROUGHSTOCK ASSOCIATION and/or REVENGE ROUGHSTOCK COMPANY, and HEIRS which shall take place on the grounds and/or property leased, owned, or rented by AMERICAN ROUGHSTOCK ASSOCIATION and/or REVENGE ROUGHSTOCK COMPANY, and HEIRS of Boones Mill, Va.; or any person, company, individual, or corporation that is sanctioned, sponsored or employed by AMERICAN ROUGHSTOCK ASSOCIATION and/or REVENGE ROUGHSTOCK COMPANY, and HEIRS on any dates from January 1, 2023 through December 31, 2023.

In consideration of being accepted and approved as a contestant or participant in said bull riding, bronc riding, barrel racing and/or rodeo, the undersigned hereby specifically and expressly releases and discharges AMERICAN ROUGHSTOCK ASSOCIATION and/or REVENGE ROUGHSTOCK COMPANY, and HEIRS from any and all claims, demands, rights or causes of action; past, present, future, whether known or unknown, anticipated or unanticipated, and resulting or arising out of or incident to the undersigned participation in the rodeos between the dates set forth above. As well as resulting from arising out of or incident to the incident to the undersigned use or intended use of the individual, corporation or entities released. I have read and fully understand and execute this Assumptions of Risk Agreement and releases on this \_\_\_\_\_ day of \_\_\_\_\_ 2023.

**PARTICIPANT MUST BE OVER 18 YEARS OF AGE ---- MINORS PLEASE SEE PARENTAL CONSENT BELOW**

Name of participant PRINT: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant SIGNATURE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact NAME & PHONE NUMBER: \_\_\_\_\_

**PARENTAL CONSENT REQUIRED if participant is UNDER 18 years of age.** I understand consent is given and valid until December 31, 2023. If I wish to withdraw consent at any time, a written request to do so must be provided to above address and a return of receipt will be provided to me. I understand consent will be valid until I receive verification of my withdraw.

\*\*\*\*\***This form MUST BE NOTARIZED with a notary SEAL for ALL MINORS**\*\*\*\*\*

Parent Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Notary Name Printed: \_\_\_\_\_ Date commission expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Seal: