

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, 2024 through December 31, 2024.

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 _____ 2024.

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, 2024. 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: