

**MEDICINE HAT STAMPEDE WAIVER & PARENTAL CONSENT FORM  
EMERGENCY MEDICAL RELEASE AND LIABILITY WAIVER**

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Code \_\_\_\_\_ Participant's Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Participant's e-mail \_\_\_\_\_ Family e-mail \_\_\_\_\_

**EMERGENCY INFORMATION**

Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Alternate # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Alternate # \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell/Alternate # \_\_\_\_\_

**HEALTH CONCERNS**

**If this form is being completed for mutton busting, contestants must be between the ages of 4-8 years and must provide their own helmet. If a participant comes without a helmet they will not be allowed to participate.**

Please identify any allergies (including food), health problems, **medications**, or other health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Grp # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

*Additional Information that may be helpful* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.***

## **DISCLAIMER**

Medicine Hat Exhibition and Stampede Company Ltd. and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "Medicine Hat Stampede"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel within the Medicine Hat Stampede and all related activities associated with the Medicine Hat Stampede, including injury, loss or damage.

## **ASSUMPTION OF RISKS**

In consideration of Medicine Hat Stampede allowing me or my child to participate in events, activities, or travel with Medicine Hat Stampede and all related activities associated with the Medicine Hat Stampede, including participation in the Spring Rodeo on the following date, Sunday April 9, 2017 inclusive, and all activities related to the Spring Rodeo, I acknowledge that I am aware of the possible risks, dangers and hazards associated with participation in the activities including the possible risk of severe or fatal injury to myself or others.

## **RELEASE OF LIABILITY and AGREEMENT**

In consideration of Medicine Hat Stampede allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child:

1. To assume and accept all risks related to my or my child's participation in the activities.
2. To waive and release Medicine Hat Stampede from any liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my, or my child's participation in the activities.
3. To indemnify and hold harmless Medicine Hat Stampede from any liability for any damage to the personal property of, or personal injury to, any third-party resulting from my, or my child's participation in the activities.
4. To indemnify and hold harmless Medicine Hat Stampede from any claims, demands, actions and costs for any loss, injury, damage or expense that might arise out of my, or my child's participation in the activities.

**Acknowledgment of parent or guardian of participant:**

We, the undersigned parents or guardians of the participants, hereby authorize and consent to the participant's involvement in the Medicine Hat Exhibition and Stampede Spring Rodeo Sunday, April 8, 2018.

We also understand that the participant may be photographed or appear in video for such purposes as the Medicine Hat Stampede deems necessary.

**ACKNOWLEDGMENT AND SIGNATURE**

**I understand** that this is a **LEGAL AGREEMENT** that is binding upon myself, and my heirs, executors, administrators, successors and assigns.

**I have read** and understand the terms of this agreement.

**I acknowledge** that by signing this agreement voluntarily, I am agreeing to abide by its terms, and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization, and Acknowledgment shall be effective on the dates from and including \_\_\_\_\_ to and including \_\_\_\_\_.**

\_\_\_\_\_  
Signature of Parent of Guardian  
(if Participant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date