

Dear Student,

We look forward to having you with us for the Mt Vernon, MO rodeo school, October 22-23, 2022, to be held at the Longhorn Arena and Event Center. The physical address is 8802 SSR-M Mt Vernon, MO 65712. There are camper hookups at the arena, call 417-229-2330 to check on availability. There are a couple of motels in Mt Vernon, check priceline.com for the best rates. We'll cover a great deal of information with lecture, drills, demonstration, video, etc. I encourage you to do two things: (1) Be on time. **Check-In is at 8:00 am.** (2) Bring something to make notes on... and use it. We welcome wives and family members to the school at no cost. Anyone else on the grounds who is not family or an enrolled student must be enrolled at least as a Ground School Student. Tuition is \$60.00 if entered by the enrollment deadline, and includes everything, drills, lectures, lifetime equipment discounts, classroom sessions, etc., except getting on bucking stock. This policy helps us control distractions and was put in place to protect your investment.

Bring any rodeo gear you have. If you don't have equipment we'll make sure you have PRO quality equipment to use FREE during the school. We will provide everything you need except boots, you must bring your own boots. As a student you will receive lifetime discounts on equipment purchases starting when you enroll in the school. CREDIT CARDS may be used for equipment purchases. You may also use a credit card to purchase photos and video. The concession stand is cash only.

The **balance of tuition must be paid two weeks prior to the start of the school.** You may pay online at the website www.sankeyrodeo.com, or by phone with a credit or debit card, or mail in the balance due with cashier's check or money order.

THINGS TO BRING TO THE SCHOOL:

- **COMPLETED, SIGNED AND NOTARIZED RELEASE FORM** REGARDLESS OF YOUR AGE!
- IF YOU ARE UNDER 18, PARENT OR LEGAL GUARDIAN SIGNATURE MUST ALSO BE NOTARIZED ON RELEASE**
- **IF STUDENT IS UNDER 18 the Consent To Treat FORM COMPLETED, SIGNED AND NOTARIZED. This is a separate form and must be notarized in ADDITION to the release form.**
- **PROOF OF MEDICAL INSURANCE** required for each student except Ground School students. If Ground School Students do have the insurance and paperwork it will allow them to do more around the bucking chutes when we buck stock.

I look forward to working with you,

Lyle Sankey

Director of Instruction

Sankey Rodeo School - PARTICIPANT RELEASE FORM **bring signed, completed, notarized form to the school with you.**

1. Date: _____. 2. Agreement: As consideration for being allowed to participate and/or train in the SANKEY RODEO SCHOOL the undersigned:

2. NAME _____
Phone _____
ADDRESS _____ CITY _____

STATE _____ ZIP _____ agrees to the following: 3. Acknowledgement of risk: The undersigned acknowledges that rodeo is a dangerous activity and that the participation in rodeo training exposes the participant to a substantial and serious risk, whether foreseen or unforeseen, including but not limited to property damage, personal injury, and even death. The undersigned expressly acknowledges that his/ her participation in the Sankey Rodeo School will involve such a hazard. 4. Release of sponsors: The undersigned, being fully aware that participation in the rodeo school will expose him/her to a substantial and even serious risk of property damage, personal injury or death hereby releases all sponsors, Sankey Rodeo Schools and Lyle and Kathy Sankey, Kaitlynn Buchholz, Scott Buchholz, Longhorn Arena and Event Center LLC, any of their regents, employees, instructors, or agents, officers, all class of members, employees, servants and agents, including their heirs and assigns, from liability for any and all damage, personal injuries or any other claims arising from the undersigned's participation in the rodeo school including those that are known and unknown, foreseen and unforeseen, past, present, future or contingent. 5. Covenant not to sue: The undersigned covenants that the undersigned shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against all sponsors, Lyle and Kathy Sankey, Sankey Rodeo Schools, Kaitlynn Buchholz, Scott Buchholz, Longhorn Arena and Event Center LLC, their officers, all class of members, employees, servants and agents, including their heirs and assigns, arising out of, or related to the actions, causes of action, claims and demands hereby waived, released or discharged by the undersigned. 6. Assurances: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release. 7. Binding effect: This release shall be binding upon the undersigned, the undersigned's spouse, legal representatives, heirs, successors and assigns. This release has been carefully read by the undersigned, and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered this release on this _____ day of _____, 20____ .

MUST BE SIGNED, COMPLETED, AND NOTARIZED REGARDLESS OF AGE.

Age of Participant: _____. Birth date: _____-_____-_____.

I, _____, have read the above release in full, fully understand its terms and conditions and I hereby voluntarily execute and deliver this consent to attend and participate in the rodeo school. I further agree to be dully bound by the release's terms and conditions in both my individual capacity and/or in my capacity as parent or legal guardian for rodeo participant.

PARTICIPANT SIGNATURE _____
Consent of Parent or Legal Guardian _____

Note: **Participant under 18 years of age must have the above signed by their parent(s) or guardian(s), completed, and notarized.**

NOTARY PUBLIC _____

Parent/Guardian CONSENT TO TREAT

Bring signed, completed and notarized form to the school with you

Child's Name _____ Child's

Age _____ Child's birth date ____/____/____

As parent/legal guardian I/We give full consent to provide any and all medical treatment as needed in the event of any emergency for my/our child who is under the age of 18.

Parent/Guardian

Parent/Guardian

Emergency Contact _____

Phone Number _____

Special medical concerns _____

Medicines being taken

Medical

Insurance _____

Policy

number _____

NOTARY PUBLIC _____