



NMHSRA
1668 S RR 3
575.714.3835
Portales, NM 88130

New Mexico High Rodeo Association
Emergency Medical Treatment Permission and
Medical Provider Release

We, the parents of _____ give the local hospital and the physicians on the medical staff of the hospital permission to administer necessary emergency treatment for injuries he or she may incur while participating in New Mexico High School rodeos.

We understand that each contestant is responsible for his or her medical charges.

We hereby release the local hospital, physicians on the medical staff, rodeo sponsors, and the association from all liability.

Parent/Guardian

Parent/Guardian

On this _____ day of _____,

before me personally appeared _____

to me known to be the persons who execute the forgoing release and acknowledgement that they signed same as their free act and deed.

Notary

My Commission Expires: