



XBR Sports Medicine Team
INFORMED CONSENT
&
CONTESTANT RELEASE OF LIABILITY

By submitting this Informed Consent Document, I _____, agree that I am voluntarily accepting treatment from the XBR Sports Medicine Team staff.

I am aware and voluntarily assume all risks and dangers to property and myself, including, but not limited to, accidents, injury, and death to which I may be exposed by participation in an Association sanctioned event and/or sports medicine treatment, chiropractic treatment, etc. I am free to make choices governing my own safety and I participate voluntarily, despite the inherent dangers and risks. I further authorize any person(s) present to seek and render emergency medical treatment on my behalf in connection with my participation in Association activities. I acknowledge and agree that the Association, its Doctors, Medical Staff, Directors, Officers, and Members will assume no responsibility for, and shall be released from, any claim or liability relating to any injury or damage, which might arise out of or in connection with such authorized medical treatment.

I shall indemnify, defend and hold harmless the Association, its Directors, Officers, and Members from all liability, loss, cost, dangers, claims or causes of action of any kind or nature whatsoever, and expenses (including attorney's fees) arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me during my participation in this activity (including travel to and from any rodeo). No Association Doctor, Medical Staff Member, Director, Officer, Judge, Contestant, rodeo committee, or other sanctioning organization can be held responsible for injuries or loss sustained while competing in any manner in an Association event. I understand this clause and release all entities mentioned above as evidenced by any entry into an Association sanctioned event.

I am eighteen (18) years of age or I have obtained a parent/legal guardian's signature where indicated. By my signature below, I certify that I have carefully read this agreement, fully understand its contents, voluntarily sign it, and acknowledge that it will legally bind me, my heirs, and my personal representatives.

 CONTESTANT SIGNATURE

 DATE

 PARENT/LEGAL GUARDIAN SIGNATURE (REQUIRED IF MEMBER IS UNDER 18 YEARS OF AGE)

 DATE

Please visit our website at www.xtremebroncriding.com for association news and updates.

You must SIGN and DATE this waiver PRIOR to treatment!