



La Pine Rodeo Association  
PO Box 674 La Pine, OR 97739  
www.lapinerodeo.com

# La Pine Rodeo Association

## 2023 Play Day Registration

} APRIL 29 } AUGUST 19  
} MAY 13 } SEPTEMBER 16  
} JUNE 17 } AUGUST 19  
} JULY 15 } OCTOBER 14(playday,  
Costume contest, & Awards!)

8 am - 8:45 am- Registration  
9:00 am- Play Day Start Time

Name: \_\_\_\_\_ Horse: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Age Divisions:

### Events:

### Fees:

- |   |                                  |              |   |
|---|----------------------------------|--------------|---|
| <input type="checkbox"/> Pee Wee (6 & under)    |                                  |              |   |
| <input type="checkbox"/> Juniors (7-9)          | <input type="checkbox"/> Barrels | All Events   | <input type="checkbox"/> \$20 PER HORSE/RIDER |
| <input type="checkbox"/> Intermediate (10-13)   | <input type="checkbox"/> Poles   |              |   |
| <input type="checkbox"/> Senior (14-17)         | <input type="checkbox"/> _____   | Single Event | <input type="checkbox"/> \$5 PER EVENT        |
| <input type="checkbox"/> Adult (18 - 49)        | <input type="checkbox"/> _____   |              |   |
| <input type="checkbox"/> Super Senior (50 & up) | <input type="checkbox"/> _____   |              |   |

\*All age divisions will be allowed compete in all events

- Ribbons for 1st through 6th place at each Play Day when available.
- High Point Awards will be given at the end of the Series for each age division. See lapinerodeo.com for further information on qualifying for year end awards.

Amount: \$ \_\_\_\_\_

☐ Cash

☐ Check # \_\_\_\_\_

☐ Debit/Credit

Play Days will follow OHSET rules and SOGs (Standard Operating Guidelines) including patterns and dimensions.

La Pine Rodeo rules will also apply.

Helmets are required for all riders 18 years of age and under.

Please sign the agreement on this page and the release form on back.

By signing below you agree that you have read the play day rules and agree to abide by them.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*SIGN MEDICAL RELEASE ON REVERSE\*\*\*

\_\_\_\_\_  
Parent or Guardian Signature if under age 18

## GENERAL RELEASE—PLEASE READ CAREFULLY

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I THE UNDERSIGNED, HEREBY AGREE FOR MYSELF AND MY HEIRS TO FULLY AND FOREVER RELEASE AND DISCHARGE **THE LA PINE RODEO ASSOCIATION** OFFICERS AND MEMBERS THEREOF FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS OF ACTION, OF OR CAUSES OF ACTION FOR DAMAGES OR LOSS ON ACCOUNT OF ANY INJURIES OR DAMAGES, OR OTHERWISE OF EVERY KIND AND CHARACTER TO ME OR TO OTHER PERSONS OR PROPERTY RESULTING FROM OR WHICH MAY RESULT EITHER DIRECTLY OR INDIRECTLY FROM THE USE OF ANY OR ALL OF THE FACILITIES OR EQUIPMENT OF THE LAPINE RODEO WHETHER OR NOT DAMAGE OR INJURY IS CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF LAPINE RODEO DIRECTORS OR MEMBERS. I HEREBY AGREE THAT I AM USING THESE FACILITIES AT MY OWN RISK AND I ASSUME FULL RESPONSIBILITY FOR SUCH USE AND FOR ANY RESULTS HEREOF. IN ADDITION I/WE HEREBY AGREE TO ASSUME ALL RESPONSIBILITY AND RISKS FROM THE PARTICIPATION IN ANY RODEO EVENT AT THE LAPINE RODEO, AND FURTHER AGREE TO HOLD LA PINE RODEO ASSOCIATION, THEIR MEMBERS, DIRECTORS, OFFICERS AND EMPLOYEES FREE AND HARMLESS FROM ALL DAMAGES OR LIABILITY FOR AND INJURY TO PERSON OR PROPERTY ARISING AS A RESULT OF THIS PARTICIPATION INCLUDING ATTORNEY FEES AND COURT COST.

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**DATE:**

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**SIGNATURE:**

(REGISTRANT/PARENT OR GUARDIAN)

## MEDICAL RELEASE

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THE UNDERSIGNED, AND/OR PARENTS OF THE ABOVE MINOR DO HEREBY CONSENT TO ANY X-RAY EXAMINATION ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL SERVICE THAT MAY BE RENDERED UNDER THE GENERAL OR SPECIFIC INSTRUCTIONS OF ANY HOSPITAL OR PHYSICIAN. IT IS UNDERSTOOD THAT THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIFIED DIAGNOSIS OR TREATMENT WHICH MAY BE REQUIRED BUT IS GIVEN TO ENCOURAGE THE NEAREST MEDICAL SERVICES, IT'S STAFF AND SUCH PHYSICIAN TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENTS OF SUCH DIAGNOSIS OR TREATMENT. THE UNDERSIGNED SHALL PAY ALL FEES FOR DOCTORS, HOSPITALS, AMBULANCES, AND OTHER MEDICAL CHARGES REASONABLE AND NECESSARILY INCURRED. THIS RELEASE SHALL BE IN FULL FORCE AND EFFECTIVE UNTIL IT IS WITHDRAWN BY THE ABOVE OR PARENT/GUARDIAN. I FULLY UNDERSTAND THAT **Play Day Events** ARE RISK SPORTS, AND ENGAGE IN THEM AT MY OWN RISK. I AGREE TO ABIDE BY ALL RULES, AND REGULATIONS OF THE LAPINE RODEO ASSOCIATION NOW IN EFFECT OR LATER ADOPTED.

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**DATE:**

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**SIGNATURE:**

(REGISTRANT/PARENT OR GUARDIAN)