

**COVID-19 FHSRA**  
(Please Print Clearly or Type and fill in all blanks)

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DOB: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**COVID-19 RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

In consideration of the above-named member ("Member") being allowed to participate and compete in the 2020 Florida High School Rodeo Finals, we, the Member, and the undersigned parent(s) or legal guardian of the Member, on behalf of the Member, and for ourselves, our personal representatives, heirs, spouse, parents, siblings, and children, do hereby:

1. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Florida High School Rodeo Association, Inc., any other rodeo association, any rodeo committee, any stock contractor, any rodeo or event sponsors and the Okeechobee County, d/b/a Okeechobee County Agri-Civic Center, and each of them and their officers, directors, trustees, managers, agents and employees (all of whom are collectively referred to herein as "Releasees") from any and all liability to the Member, the undersigned, and their personal representatives, assigns, heirs, parents, legal guardians, siblings, and children, and any claims or demands therefore, on account of the Member's or the undersigned's injury, illness, disease or death from the COVID-19 coronavirus, which occurs as a result of the Member's or any of the undersigned's entrance onto the grounds of the Okeechobee County Agri-Civic Center and/or participation as a contestant, assistant, official or otherwise in any rodeo event, whether such injury, sickness, disease or death is caused by the negligence or other wrongful conduct of, strict liability or otherwise by, one or more of the Releasees or any contestants, spectators or other individuals at the Okeechobee County Agri-Civic Center.
2. AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any liability, damage or loss (including, but not limited to, attorneys' fees and other defense costs) one or more of them may suffer or incur arising out of or related to the Member's or any of the undersigned's entry onto the grounds of Okeechobee County Agri-Civic Center and/or participation in any rodeo events, whether such claim is based on one or more of the Releasees' negligence, breach of contract or warranty, strict liability or other legal theory.
3. UNDERSTAND that Member's and the undersigned's entry onto the grounds of the Okeechobee County Agri-Civic Center and/or participation in rodeo events during the COVID-19 pandemic contains DANGER AND RISK OF ILLNESS, DISEASE, INJURY OR DEATH TO MEMBER and the undersigned, that COVID-19 is highly contagious, and that there is INHERENT DANGER in COVID-19 which the Member and each of the undersigned appreciate and voluntarily assume because we choose to do so. WE EACH VOLUNTARILY ELECT TO ASSUME AND ACCEPT ALL RISKS inherent in COVID-19.
4. We each agree to comply with all federal, state and local laws and regulations and all security policies and procedures of the Okeechobee County Agri-Civic Center and the FHSRA relating to COVID-19. We each understand that the Member may be denied entrance to the Okeechobee County Agri-Civic Center and not allowed to participate or continue to participate in the rodeo based on medical check-in requirements and continuing medical requirements during the duration of the rodeo. The undersigned agree that in the event any portion of this document is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect to the greatest extent possible under applicable law. The parents or guardian of the Member agree that by signing below they are in addition to binding themselves, binding the Member to the maximum extent permitted by applicable law.

WE HAVE READ THIS RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE, AND INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY APPLICABLE LAW.

\_\_\_\_\_  
Signature of Natural Father

\_\_\_\_\_  
Print Clearly or Type Name of Natural Father

\_\_\_\_\_  
Signature of Natural Mother

\_\_\_\_\_  
Print Clearly or Type Name of Natural Mother

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Print Clearly or Type Name of Legal Guardian

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Print Clearly or Type Name of Member

On this \_\_\_\_\_ day of \_\_\_\_\_ 2020, before me, personally appeared \_\_\_\_\_

Notary: List all Names Notarized

\_\_\_\_\_ to me known to be the persons who executed the foregoing Release and acknowledged that they signed same as their free act and deed.

My Commission Expires: \_\_\_\_\_

**Notary Public**

\*Both parents or legal guardian and member must sign this form in the appropriate places above. If only one parent is signing, please note reason on signature line. For example, DECEASED, DIVORCED AND FULL CUSTODY, ETC. All signatures must be witnessed by a notary and listed as personally appearing in the appropriate place on the form. Be sure that notary signs, dates and places his/her seal on the form. Please return original Release form to the state/province secretary at check in.