



## Carney Roundup Rodeo Amateur Bull Riding

Nadeau Township Grounds, US 41 Nadeau, MI

Open to male or female amateur bull riders ages 14 and up. There are 5 spots open for each day. Sat. June 1 @ 5:00 PM Central and Sun. Jun 2, 2019 @ 2:00 PM Central.

Fee is \$25.00 deadline is May 19<sup>th</sup>, 2019 after that it will be \$35.00 to enter.

Equipment recommended: Riding glove, helmet, bull rope, spurs & GUTS! We will have equipment available to use.

**Mail to: CRR Kendra Granquist  
W2848 Veese Lane 38  
Powers, MI 49874**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Please read and sign: Name \_\_\_\_\_

desires to participate in the Carney Roundup Rodeo Amateur Bull Riding event. The above information is true and not misleading. If it is found to be false all privileges will be revoked and you will not be allowed to ride at the CRR. Except in the event of gross negligence on the part of the CRR it's committee or volunteers I will bring no claims, demands, actions and causes of action and/or litigation against Nadeau Township or CRR, staff & volunteers for any economic or noneconomic loss due to bodily injury, death or property damage sustained to me or my minor child while participating in the events at CRR. The CRR committee, Nadeau Township and any other co- sponsoring organizations shall not be responsible for any personal injury, or loss or damage to property occurring at CRR. Each owner, exhibitor, handler or consigner shall indemnify and hold harmless the CRR committee, Nadeau Township & volunteers from against all claims. Presentation of signed entry or appearance on the grounds shall be deemed acceptance of these rules. By signing you agree that you have read and understand the rules that apply to this event.

Signature: \_\_\_\_\_

Parent or Guardian of Minor: \_\_\_\_\_

Emergency medical, dental or surgical treatment of a minor: name \_\_\_\_\_

I am the Parent or guardian name \_\_\_\_\_  
of a minor participating in the CRR. I hereby consent to any necessary medical or dental procedure.

Any Allergies \_\_\_\_\_

Insurance name & policy number \_\_\_\_\_

Contact person & phone number in case of an emergency \_\_\_\_\_

All medical and emergency treatment required will be the responsibility by contestant or guardian.

Contestant or guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Mail check or money order before May 19, 2019 to:

CRR / Kendra Granquist  
W2848 Veesser Lane 38  
Powers, MI 49874