

Rodeo ID Number \_\_\_\_\_



Cooperative Extension Service  
College of Agricultural, Consumer and Environmental Sciences

300.R-7  
(R-2012)

### 4-H Rodeo Eligibility Certificate and Waiver of Liabilities

County San Juan County

Club \_\_\_\_\_

We, the undersigned parents and/or legal guardians of \_\_\_\_\_, a minor, do hereby release the New Mexico State and County 4-H Organization, and sponsoring group, organizations and individuals, and the owners or operators of any property where the activity may take place, from any and all responsibilities and liabilities for any and all injuries or disablements of any kind or nature, whatsoever, suffered or inflicted, by or through, our son's or daughter's participation in the 4-H Rodeo project.

This release is complete and full and is not conditioned upon any act, word, or deed by either the undersigned, or sponsoring bodies and individuals of said 4-H rodeo project.

Parent or Guardian (Print) \_\_\_\_\_

Parent or Guardian (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name of Insurance Company Special Markets Insurance Co.

Policy Number 31-071219-0354

4-H'ers Name (Please Print) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

#### 4-H'ers Complete Mailing Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street or PO Box City/Town State Zip

Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Age Division (Please check one): [ ] Novice (Age 9-11) [ ] Junior (Age 12-14) [ ] Senior (Age 15-19)

4-H'ers Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address for correspondence and contact purposes from 4-H Rodeo Secretary.  
\_\_\_\_\_

We hereby certify that the above named youth is a 4-H member in good standing in a 4-H club in the State of New Mexico. We also certify that this 4-H member is currently enrolled in the 4-H rodeo project.

\_\_\_\_\_  
4-H Leader

\_\_\_\_\_  
4-H Extension Agent

New Mexico State University is an equal opportunity/affirmative action employer and educator. NMSU and the U.S. Department of Agriculture cooperating.

Original to: State 4-H Office

Copy to: County Extension Office

Copy to: Member or Leader