

ENTRIES OPEN – June 26th 2017 @ 9:00AM

@ Stayton A&W 1215 W Washington St

Donkey Race – SCS Rodeo Performance / Team's Consist of 2 Members

\$10.00 Entry Fee per contestant (\$20.00 total for Team)

Cash, Money Order or Cashier's Check

Contestant Name: _____

Team Name: _____

Address: _____

City: _____ **State:** _____

Phone#: _____ **Age:** _____ **DOB:** _____

The contestants participating in each performance are on a first come basis. Due to the time restriction only 10 entries will be accepted during each rodeo performance. No entries will be accepted at the gate. **THE CONTESTANT WILL RECEIVE 1 TICKET FOR PARTICIPATING. You must be at least 18 years old to compete.**

Contestant will need to check in with Billie Maurer next to the North end of arena prior to the Breakaway Roping Event.

Friday July 21st, 7:00 PM _____ Saturday July 22nd, 7:00 PM _____

FRIDAY NIGHT IS DIABETES AWARENESS. WE ARE ASKING ALL OF THE CONTESTANTS UP ON FRIDAY NIGHT TO CONSIDER WEARING ROYAL BLUE, OR EITHER NIGHT A TEAM COSTUME ...

Liability Release and Hold Harmless Agreement

I, _____ the contestant, parent or guardian
of _____ in consideration of my child or myself participation in the
Santiam Canyon Stampede Rodeo Donkey Race do hereby agree as follows.

1. I will hold Stayton Sublimity Rodeo Association DBA: Santiam Canyon Stampede or any of its agents, officers, volunteers, employees or stock contractors, free and harmless of any claims, suit, demand or judgment against any person, company or corporation, which resulted or was caused by my attendance or participation in any event at the Santiam Canyon Stampede Donkey Race.
2. I further agree that I shall not make any claim against the Stayton Sublimity Rodeo Association DBA: Santiam Canyon Stampede any owners, managers of the facilities or grounds utilized, or said persons named above for any injury or damage resulting from his/her participation in the Santiam Canyon Stampede Rodeo Donkey Race. The undersigned also does hereby assent that this agreement shall be binding upon his/her heirs, executors, or administrators.

Dated this _____ day of _____, 2017

_____ Contestant, Parent or Guardian Signature

_____ Witness Signature

****Hand delivered forms will have priority over mailed forms. – Mailed forms will not be accepted until the registration opens. Forms can be dropped off at A&W 1215 W Washington St. – Stayton, OR. For questions call 503-769-2799**