

**Rodeo Bible Camp Registration 2009**  
**FELLOWSHIP OF CHRISTIAN COWBOYS, INC.**

3285 Baker Ck  
 Manhattan, MT 59741

**RODEO BIBLE CAMP**

Name \_\_\_\_\_

First Middle Initial Last \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**In case of emergency contact (relative or friend)** \_\_\_\_\_

**Phone** \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Month Day Year

Have you participated in a rodeo before as a contestant? \_\_\_\_\_

If yes, years \_\_\_\_\_.

If no, will this be your first time in rough stock or timed events? \_\_\_\_\_

Have you every been to a rodeo camp before? \_\_\_\_\_

Do you have or have you had any injuries in the last 6 months? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you taking any medication prescribed by a physician? \_\_\_\_\_

Yes please explain \_\_\_\_\_

**Camp is limited to instruction in one (1) event. Events are limited to ten (10) students.**

**EVENT DECLARATION** (Place a "1" by your first choice, a "2" by your second choice, and a "3" by your third choice.\*

Heading \_\_\_\_\_ Pole Bending \_\_\_\_\_

Barrel Racing \_\_\_\_\_ Heeling \_\_\_\_\_

Goat Tying \_\_\_\_\_ Steer/Bull riding \_\_\_\_\_

Breakaway Roping \_\_\_\_\_ Clowning \_\_\_\_\_

\*Participants will only be able in compete for a buckle in one declared event

(PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS A MINOR UNDER THE LAW OF THE STATE OF RESIDENCE AND/ OR A STUDENT. THE I IN THE FOLLOW WILL REFER TO THE CAMPER AND HIS OR HERS FAMILY)

### **RELEASE AND AGREEMENT NOT TO SUE**

IN CONSIDERATION OF BEING ALLOWED TO RIDE AND PARTICIPATE IN FELLOWSHIP OF CHRISTIAN COWBOYS RODEO BIBLE CAMP. I AND MY HEIRS, SUCCESSORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY **RELEASE, WAIVE, DISCHARGE** AND AGREE TO HOLD HARMLESS AND INDEMNIFY ALL PERSONS INVOLVED WITH THE **FCC GALLATIN CHAPTER R.B.C OPERATIONS OR INSTRUCTORS**, THEIR AGENTS, REPRESENTATIVES, (COLLECTIVELY) FROM ALL LIABILITY TO ME AND MY PERSONAL REPRESENTATIVES, HEIRS, SUCCESSORS, AND NEXT OF KIN FROM ALL CLAIMS AND LIABILITY FOR ALL LOSS OF DAMAGE, AND ANY CLAIM OF DAMAGES THEREFORE ON ACCOUNT OF ANY INJURY TO MY PERSON INCLUDING DEATH OR DAMAGE TO MY PROPERTY WHILE I AM UTILIZING THE FACILITIES OR PARTICIPATING IN ANY EVENTS. I HEREBY REPRESENT TO THE FCC ADMINISTRATION AND INSTRUCTORS THAT I UNDERSTAND THAT **THERE ARE CERTAIN RISKS OF SERIOUS INJURY AND DEATH** INHERENT IN PARTICIPATING IN HORSEBACK RIDING AND ANY RELATED ACTIVITIES. I REALIZE CONDITIONS OF THE ARENA CHANGE FROM TIME TO TIME AND MAY BECOME MORE HAZARDOUS, THAT RODEO ANIMALS ARE DANGEROUS AND UNPREDICTABLE AND THERE IS **INHERENT DANGER** IN ANY RIDING AND ROPING EVENT WHICH I APPRECIATE AND VOLUNTARILY ASSUME BECAUSE I CHOOSE TO PARTICIPATE IN SUCH EVENTS. I MAKE THIS CHOICE EVEN THOUGH I HAVE OBSERVED OR PARTICIPATED IN EVENTS OF THIS KIND IN THE PAST AND KNOW CONDITIONS, FACILITIES, RODEO ANIMALS, AND OTHER RIDERS, AND PARTICIPANTS POSE A DANGER TO ME. I RECOGNIZE AND EXPRESSLY AGREE TO ASSUME THE ENTIRE RISK OF ANY AND ALL ACCIDENTS OR PERSONAL INJURY INCLUDING SERIOUS PARALYSIS OR DEATH WHICH I MIGHT SUFFER DURING MY PARTICIPATION IN SAM EVENT, I FURTHER **COVENANT AND AGREE NOT TO SUE ANY MEMBER OR INSTRUCTOR OF FELLOWSHIP OF CHRISTIAN COWBOYS RODEO BIBLE CAMP** FOR ANY INJURY, DAMAGES OR DEATH WHICH OCCUR AS A RESULT OF MY RIDING OR ROPING, BULL/STEER RIDING, CLOWNING AND ANY CLAIM OR DAMAGES THEREFORE. I UNDERSTAND THAT THIS DOCUMENT MAYBE TREATED AS COMPLETE DEFENSE TO ANY LEGAL ACTION I MIGHT BRING AGAINST THE FCC CHAPTER AND INSTRUCTORS FOR ANY INJURIES OR OTHER DAMAGES I MIGHT SUFFER, OR TO THE ANIMAL I AM RIDING. I UNDERSTAND AND AGREE THIS RELEASE AGREEMENT NOT TO SUE EXTENDS TO ANY AND ALL CLAIMS I MAY HAVE, SPECIALLY INCLUDING BUT NOT LIMITED TO, CLAIMS ARISING OUT OF PARTICIPATION IN SAID EVENTS, CLAIMS WITH RESPECT TO THE DESIGN, MANUFACTURE, REPAIR, OR MAINTENANCE OF THE FACILITIES OR EQUIPMENT WHICH I WILL BE USING, OR WITH RESPECT TO THE CONDITIONS, QUALIFICATION, INSTRUCTIONS, RULES OR PROCEDURES UNDER WHICH MY USE OF SAID FACILITIES OR EQUIPMENT ARE CONDUCTED OR FROM ANY OTHER CAUSE

**I UNDERSTAND AND AGREE THIS RELEASE AND AGREEMENT NOT TO SUE EXTENDS TO ACCIDENT, INJURY, OR DEATH OCCURRING DURING THE TERM OF MY INVOLVEMENT IN RIDING ROPING BULL/STEER RIDING, CLOWNING AT THE RODEO BIBLE CAMP.** ANY SUBSEQUENT RELEASES AND AGREEMENT I MIGHT SIGN IN THE FUTURE SHALL AMPLIFY, BUT SHALL IN NO WAY LIMIT, THE PROVISIONS OF THIS DOCUMENT. I FURTHER STATE AND CERTIFY THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE, KNOW THE CONTENTS THEREOF AND SIGN THIS RELEASE AND AGREEMENT NOT TO SUE AS A FREE AND VOLUNTARY ACT.

I AM NOT RELYING ON ANY STATEMENTS OF REPRESENTATIONS OF ANY PARTY RELEASED HEREBY. **I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS.**

DATED THIS \_\_ day of \_\_\_\_\_ 200\_ PARTICIPANTS \_\_\_\_\_

( your signature must be notarized ) , (PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS A MINOR UNDER THE LAW OF THE STATE OF RESIDENCE AND/ OR A STUDENT.)

I DECLARE THAT I AM A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR. I HAVE CAREFULLY READ THE FOREGOING RELEASE AND AGREEMENT NOT TO SUE. I KNOW THE REPRESENTATIONS MADE ARE TRUE. I AGREE TO BE BOUND BY THE TERMS OF THE RELEASE AND AGREEMENT NOT TO SUE BOTH PERSONALLY AND AS REPRESENTATIVE OF THE INTEREST OF THE MINOR.

I/We., the undersigned, certify that I/we am/are the parent(s) or lawful guardian(s) of a minor. I understand that the above named minor will be participating in rodeo events with live rodeo animals. I consent to this child's participation and accept the risk that an injury can occur. I consent in such case to emergency treatment rendered at the discretion of qualified medical personnel. In the event of an injury, I agree to make claim against my health carrier first and FCC's carrier second. I understand that **FCC's insurance has a maxim limitation of \$500,000.00 per injury,** and I agree to hold FCC harmless for any uninsured medical expenses incurred by my/our child, and I further agree to indemnify the corporation and its employees, agents and assignees from any loss whether temporary or permanent. I understand that I am releasing FCC and its employees, agents and assignees from any and all liability for injury to the child named in this release. The consideration for this release is the training for rodeo events without cost. I understand that registration fees go for food, facilities and rodeo livestock; and there is no fee for instruction in rodeo events.

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

STATE OF \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_ , BEFORE ME THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE STATE OF MONTANA, PERSONALLY APPEARED \_\_\_\_\_

**RODEO BIBLE CAMP HEALTH FORM (ONE CAMPER PER FORM)**

Note to Parents: Every precaution will be taken to ensure that your child's stay with us is a fun and safe experience.

Occasionally, people do get hurt. We strongly advise that you have **INDIVIDUAL HEALTH INSURANCE** to protect your child!

In case of sickness or accident, fill out the following Health Form completely and accurately, as a precaution, for our nurse.

Camper's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Father's

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ -

\_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

Additional Phone #s - in case you can't be reached: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

Name of your Hospitalization. Insurance

Company: \_\_\_\_\_

Group or Policy

#: \_\_\_\_\_

**MEDICAL INFORMATION OF CAMPER** Please list any medications that your child will bring to camp: (Include non-prescription intents such as aspirin, vitamins, etc., as well as prescription Medications) Reasons for taking: \_\_\_\_\_

Does your child have seizures: YES / NO Most recent occurrence: \_\_\_\_\_

Has your child ever been knocked unconscious or passed out? YES / NO Yes, when and how? \_\_\_\_\_

The date your child last saw a physician: \_\_\_\_\_

Reason for the visit: \_\_\_\_\_

Year of last Tetanus shot: \_\_\_\_\_

Circle any Allergies: Hay Fever Poison Ivy Insect sting Penicillin Asthma Other

Does your child have a history of: Heart Problems YES / NO Diabetes YES / NO

List any other helpful medical information that will assist in the management of your child \_\_\_\_\_

**This health form release must be signed by parent or legal guardian and sent with camp registration.** This health history is correct as far as I know. In case I cannot be reached, I hereby give permission to medical personnel with proper credentials to give emergency treatment to:

CampersName: \_\_\_\_\_

\_\_\_\_ Soc: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ -

\_\_\_\_ - \_\_\_\_\_ Send us a copy of your health insurance card!