COVID-19 NHSRA/THSRA (Please Print Clearly or Type and fill in all blanks)

Name:			
Address:	City:	State:	Zip:
Telephone #:	DOB: Month	Day	Year
COVID-19 RELEAS	SE, ASSUMPTION OF RISK AND INDEMNI	TY AGREEMENT	
In consideration of being allowed to attend th representatives, heirs, spouse, parents, siblings,	e 2020 THSRA Finals Rodeo, I, the under and children, do hereby:	rsigned individual,	for myself, my personal
<ol> <li>RELEASE, WAIVE, DISCHARGE AND CONSchool Rodeo Association, any other rodeo a Expo Center of Taylor County, and each of the collectively referred to herein as "Releasees") heirs, parents, legal guardians, siblings, and illness, disease or death from the COVID-19 of the Expo Center of Taylor County and/or pasickness, disease or death is caused by the Releasees or any contestants, spectators or or 2. AGREE TO INDEMNIFY AND SAVE AND Householder (including, but not limited to, attorneys' fees at the undersigned's entry onto the grounds of the undersigned's entry onto the grounds of the space of the COVID-19 pandemic contains DANGER As is highly contagious, and that there is INHE because he/she chooses to do so. I, the urange of Taylor County, THSRA, and the NHaber of Taylor County, THSRA, and the NHaber of Taylor County and not al requirements and continuing medical requirements document is held to be invalid, the balance under applicable law. I agree that by signing the IHAVE READ THIS RELEASE, ASSUMPT UNDERSTAND THAT I HAVE GIVEN UP SUBS WITHOUT ANY INDUCEMENT, ASSURANCE UNCONDITIONAL RELEASE OF ALL LIABILITY.</li> </ol>	essociation, any rodeo committee, any stock of them and their officers, directors, trustees, many from any and all liability to me, the undersign children, and any claims or demands there coronavirus, which occurs as a result of my, the articipation as an assistant, official or otherword negligence or other wrongful conduct of, strict of the individuals at the Expo Center of Taylor Chold Harmless the Expo Center of Taylor Chold Harmless the Expo Center of Taylor County and/or participality and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and Risk of Illness, Disease, Injury of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the Expo Center of Taylor and the grounds of the grounds	contractor, any rodeo aggers, agents and end, and my personated, and my personated, and my personated and account of the undersigned's, ervise in any rodeo expected and any suffer or incurpation in any rodeo expected and apprecial and apprecial and accounty and/or particular and apprecial and accounty and/or particular and apprecial and security policies and apprecial apprecial and apprecial and apprecial and apprecial and apprecial and apprecial app	or event sponsors and the employees (all of whom are all representatives, assigns, the undersigned's injury, atrance onto the grounds of event, whether such injury, ise by, one or more of the ny liability, damage or loss arising out of or related to events, whether such claim all theory.  It cipation in the event during indersigned, that COVID-19 are and voluntarily assume of ALL RISKS inherent in and procedures of the Export may be denied entrance to based on medical check-in at in the event any portion of the greatest extent possible plicable law.  IDERSTAND ITS TERMS EELY AND VOLUNTARILY ONE A COMPLETE AND
Signature	Print Clearly or Type Name		
On this day of 2020,	, before me, personally appeared Notar	ry: List all Names Notarized	
to me known to be the persons who executed the forego	ing Release and acknowledged that they signed san	ne as their free act and	deed.
My Commission Expires:	Notary Public		