



Please mail form and payment to:
Great Lakes Rodeo
8568 N.75 Lane, Gladstone MI 49837



DREAM RIDE APPLICATION

- DREAM RIDE BARRELS – GIRLS AGES 12-18 (\$25 registration fee)
 - DREAM RIDE BULLS – OPEN TO ALL OVER THE AGE OF 14 (\$25 registration fee)
 - MINI BULLS – KIDS 9-14 (\$25 registration fee)
 - MUTTON BUSTIN – KIDS UNDER 50 POUNDS (No fee)
- *****ALL AGE DIVISIONS ARE BASED ON PARTICIPANTS AGE AS JANUARY 1ST*******

Name: _____ Age as of January 1st: _____

Address: _____ Phone Number: _____

City, State and Zip Code: _____

Parents Names: _____

I give GLR the authority to use my photos and general information for publicity in this years and future years.

Contestant Signature

Date

Parent Signature

Date

**Waiver of Liability and Release
Great Lakes Rodeo**

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered before signing this document!

In consideration of being permitted to participate in the Great Lakes Rodeo and any other events tied to this event, I, _____, parent or guardian of _____ in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge Great Lakes Rodeo or the Marquette County Fair Board, its officers, agents and employees, as well as from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation in the Great Lakes Rodeo is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of participation of the program and travel to and from my shadowing location. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of the Great Lakes Rodeo that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person in the workplace of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Participant's Name

Participant's Signature

Date

Witness

Signature of Parent or Guardian if Participant is under 18 Years of Age