



## 2020 ARA Minor Release Form

1015 Hickory St  
Perryville, AR 72126  
Phone (501)607-4100  
[ararodeo@gmail.com](mailto:ararodeo@gmail.com)

Minor Contestant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

I, the undersigned, hereby agree to release from liability the Arkansas Rodeo Association, any stock contractor, producer or rodeo committee for any injury or loss of personal property regarding the above named minor contestant. My signature on this document indicates that I acknowledge the minor contestant's participation in rodeo events could be dangerous and agree to assume all risks inherent in rodeo.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

*Notary  
Seal Here*