



ARA Minor Release Form

PO Box 905
Vilonia, AR 72173
Phone (501)733-8494
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*