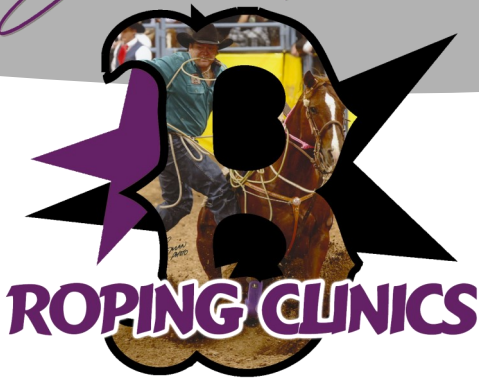


JOE BEAVER

Joe Beaver Calf Roping School



Joe Beaver 8X Arena

50 Blackjack Road

Huntsville, Texas

November 25-27th, 2016

9am each day

Requirements:

ALL CLINICS LIMITED TO 10 SPOTS

STUDENTS MUST BE AT LEAST 10 YEARS OLD

SEND \$250 DEPOSIT TO:
JENNA BEAVER
PO BOX 1595
HUNTSVILLE, TX 77342
BY NOVEMBER 5TH

Nov. 25-26: ARENA 1: Advanced Tiedown \$600

Nov. 25-26: ARENA 2: Breakaway \$500

Nov 27: ARENA 1: Beginner Tiedown \$500

Nov. 27: ARENA 2: Breakaway \$450

Release

In consideration of accepting my registration, I, for myself, heirs and personal representatives, assume full and complete responsibility for any injury, accident or damage done to my person or party which may occur during my participation in JB Calf Roping School/Clinic or while I am on the premises of this event, and hereby release and hold harmless any other sponsors, promoters and all other persons or entities associated with this event from any and all injury, damage or expense suffered by me whether it be caused by my own negligence or any other and all entities associated with this event or events or employees or otherwise. In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this event, that my horse and other equipment I may use to participate in this event are in working order, that I observe all event rules, and generally conduct myself in a safe and prudent manner while participating in the event and I hereby absolve and hold harmless all and any parties or entities associated with JB Calf Roping School/Clinic from any damage that I may sustain because of any breach of these representations. I hereby consent to and permit emergency treatment in the event of injury or illness while participating in the event. I also hereby give permission to JB Calf Roping School/Clinic to use my name and any pictures/videos taken of me during the event in any promotional materials, publications or on the internet.

Signature of Rider

Date

Parent or guardian if entrant under 18 years of age

Date

Entry Form

CLINIC ATTENDING: ADVANCED TD BEGINNER TD

(CIRCLE ONE) 2 DAY BREAKAWAY BREAKAWAY

Last Name: _____

First Name: _____

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Negative Coggins will be **REQUIRED!!!**

For More Info:

Jenna Beaver 936-672-7933

Joe Beaver 979-777-6946