

**Place:** Tehama County Fairgrounds  
Red Bluff, CA

**Date:** February 17,18 &19, 2012

Check-In: Cutters 9:00am Friday  
Others: 7:00 am Saturday-check in  
Will Close 30 min. before performance.

**RODEO:** Friday Cutting 10:00 am  
Saturday Performance 8:00am  
Sunday Performance 8:00am

**ENTRIES CLOSE FRIDAY February 3, 2012**

**MUST BE POSTMARKED BY 2/3/2012!**  
Late entries, entries post marked after February 3, 2012  
And/or "Metered Mail" will NOT be accepted- they will be  
Returned unopened!

**"Certificate of Mailing" advised!**

**Mail completed entries to: Stephanie Hammons**  
PO Box 1929, Cottonwood, CA 96022  
Questions: (530)966-7633  
Make Checks/money orders  
Payable to: CHSRA

Entry fee must accompany entry form, payment is not NEGOTIATED until  
After that rodeo. Entry forms received incomplete must be corrected before  
Draw and any unpaid entry fees must be paid before draw!

A current report card must be on file with Robin Doyle: 347-4375  
**WEBSITE: WWW.CHSRA.COM**

Do You Want To Volunteer to be a  
Draw Partner?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Header \_\_\_\_\_ Heeler \_\_\_\_\_

BOYS EVENTS	check	fee	GIRLS EVENTS	check	fee
SADDLE BRONC		\$65	GOAT TYING		\$55
BAREBACK		\$65	POLE BENDING		\$45
BULL RIDING		\$65	BARREL RACING		\$45
STEER WRESTLING		\$55	BREAKAWAY		\$55
TEAM ROPING(Header__Heeler__) Partner: _____		\$55	TEAM ROPING(Header__Heeler__) Partner: _____		\$55
TIE-DOWN ROPING		\$55	GIRLS CUTTING		\$55
BOYS CUTTING		\$55	<b>TOTALS-CHECK PAYABLE TO CHSRA</b>		
Total of Entry Fees	\$ _____		Please send correct monies!		
Office Fee(Mandatory)	\$ 20.00		TOTAL FEES ENCLOSED: \$ _____		

**PAYBACK \$10 FROM EACH ENTRY FEE(JACKPOT PAID ON AVERAGE)**

Contestants must be nhsra members. OPEN TO ALL DISTRICTS. POINTS TO DISTRICT #1 MEMBERS ONLY.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ CARD# \_\_\_\_\_ DIST # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE( ) \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

**RELEASE**

We, the parents of \_\_\_\_\_ (contestant name), give St. Elizabeth Medical Center and the physicians on the medical staff of the hospital permission to administer **NECESSARY EMERGENCY** treatment for injuries he or she may incur while participating in the District #1 High School Rodeo. We understand that each contestant must be and is covered by medical insurance. We do hereby release St. Elizabeth Medical Center, physicians on the medical staff, American Medical Response; and the officers, directors and volunteers of CHSRA District #1, Tehama Co. Fairgrounds and Four Star Rodeo from all Liability.

**SIGNATURES:**

Contestant \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
(regardless of age of contestant)

**SCHOOL OFFICIAL VALIDATION**

I DO CERTIFY THAT THIS STUDENT MEETS BOTH THE NHSRA GRADE AND CONDUCT QUALIFICATIONS (IF CARRYING 4 SUBJECTS OR LESS, MUST BE PASSING IN ALL), AND CHSRA REQUIREMENTS WHICH ARE: STUDENT HAS AT LEAST A 2.0 GRADE POINT AVERAGE AS OF THE LATEST "GRADING PERIOD"(5 weeks or more)(GRADING PERIOD: QUARTER, SEMESTER OR "PROGRESS REPORTS" MAILED HOME THAT ARE GENERATED WITH ALL CURRENT GRADES AND GIVEN TO ALL STUDENTS (NO "WALK AROUND GRADES ARE ACCEPTED) STUDENT MUST BE IN GOOD STANDING, NOT RULED UNDESIRABLE FOR MISCONDUCT AT SCHOOL.

Signature & Title (Principal or Counselor) \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**SCHOOL SEAL!!!!!!**

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_ ("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at TEHAMA DISTRICT FAIR:

**CALIFORNIA HIGH SCHOOL RODEO ASSOCIATION DIST. #1  
February 17, 18, & 19, 2012**

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: \_\_\_\_\_  
Parent or Guardian's initials (if under 18) \_\_\_\_\_

As consideration for being permitted by the Fair, the State of California ("State"), the County of TEHAMA ("the County") and any lessor of the fair premises ("Lessor") to participate in these activities and use the Fair premises and facilities, I forever release the Fair, the State, the County, the Lessor and fair affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE STATE, THE COUNTY, THE RENTER, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities, and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at RED BLUFF, California on \_\_\_\_\_, 20\_\_\_\_.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.**



# RED BLUFF SHOOT OUT RODEO

## RV and STALLING RESERVATIONS

Please return with your rodeo entry form to:

Stephanie Hammons  
PO Box 1929  
Cottonwood, CA 96022

Stalls \$20.00 per night per stall~~No shavings supplied~~You may bring your own.  
RV with Hookup \$35.00 per night~~First come first served.

NAME \_\_\_\_\_

Example

# 2 Stalls X \$20.00 = \$40.00 X 2 nights = \$80.00

# \_\_\_\_\_ Stalls X \$20.00= \_\_\_\_\_ X \_\_\_\_\_ nights = \_\_\_\_\_

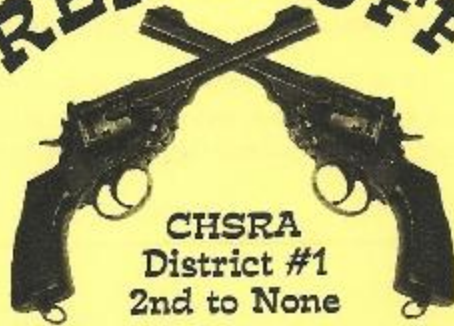
RV Parking~~With hookup #35.00 X \_\_\_\_\_ nights = \_\_\_\_\_

Please provide separate check for Camping and Stalls made payable to CHSRA District One. No charge for dry camping. If horses penned at trailers you must clean up shavings and hay.

For more information call Robin Doyle at 530-945-0889.

Presents

**RED BLUFF**



CHSRA  
District #1  
2nd to None

**CALIFORNIA**

**RED BLUFF SHOOT OUT RODEO**

**February 17, 18 & 19, 2012**

**Friday 17th**

10:00 am Cutting

5:00 pm NSBRA Barrel Race

**Sat. 18th**

8:00 am Rodeo 1st go-round

12 noon Special Rodeo

for Local Special needs children

1:00 pm Rodeo Continues

5:00 pm ~~ACTRA~~ Jackpot Team roping

**Sunday 19th**

8:00 am Rodeo 2nd go-round

4:00 pm Awards Presentation

*Pauline Davis Pavillion*  
 Red Bluff, Ca  
 CHSRA District 1 Barrel Race Fund Raiser  
 At the inter-district rodeo February 17, 2012  
**\$400 Added**  
**Cosanctioned NSBRA**  
**Awards**  
**Thru 3rd place**

**For More info: Call Tami Chrisman @ (530) 510-7831**  
**Sign Ups and Time onlys 4:30-6:00 pm**  
**Race at 7:00 pm**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

	Entry	NSBRA#	
	\$50	\$3	Total
HORSE'S NAME _____			\$ _____
HORSE'S NAME _____			\$ _____

<b>Sponsors</b>	<b>Hoyt Baker Horse Shoeing</b> 530 200-6827 <b>Quality Property Management</b> 530 347-4423 <b>Cowgirl Coffee (espresso etc)</b> Call to service your race or show 707 972-1171 <b>TJ Chrisman</b> <b>Equine Dentistry</b> 530 200-9003		<b>Total Entry</b> _____  <b>Office Fee</b> \$5  <b>Time Only</b> __ X \$5 = _____  <b>Co sanction fees</b> = _____  <b>Late fee</b> = _____  <b>Total</b> _____
-----------------	---	--	--

**Entries must be received by February 15, 2010**  
**To avoid \$5 Late Fee**  
**Mail to Tami Chrisman 2205 Hilltop Drive #143 Redding, CA 96002**