

Dear Student

We are excited to have you with us for the Larkspur, CO Rodeo School, May 9-10, 2026. The school will be held at the TZ Ranch. The physical address is 12154 Mesa View Rd, Larkspur, CO. Take Exit 167 off I-25. Go east on Greenland Rd 2.5 miles, turn right (south) onto Mesa View Road. Go 1/2 mile, the ranch is on the left. If you have any trouble call Ty at 719-641-3233.

The host motel giving us student rates is the Comfort Inn & Suites, in Castle Rock. 303-814-9999. Mention Sankey Rodeo Schools when you call for reservations to get the school rate.

We'll cover a great deal of information with lecture, drills, demonstration, video, etc. I encourage you to do two things: (1) Be on time. Check-In is at 8:00 am, and (2) Bring something to make notes on... and use it. Your extra effort will payoff!

We welcome wives and family members to the school at no cost. Anyone on the grounds who is not family or an enrolled student must be enrolled at least as a Ground School Student; Tuition is \$100.00 if entered by the enrollment deadline, and includes everything; drills, lectures, lifetime equipment discounts, classroom sessions, etc., except getting on bucking stock. This policy helps us control distractions and was put in place to protect your investment. Bring any rodeo gear you may have. We'll make sure you have pro quality equipment to use FREE during the school. We will provide everything you need except boots, you must bring your own boots. As a student you will receive lifetime discounts on equipment purchases, starting at the school. CREDIT CARDS may be used for equipment purchases at the rodeo school. The **balance of tuition must be paid two weeks prior to the start of the school.** You may pay online at the website www.sankeyrodeo.com, by phone with a credit or debit card, or mail in the balance due with cashier's check or money order. You may purchase rodeo equipment at the school with cash or credit card. The concession stand will be cash only.

THINGS TO BRING TO THE SCHOOL:

- COMPLETED, SIGNED AND NOTARIZED RELEASE FORM REGARDLESS OF YOUR AGE!

-IF YOU ARE UNDER 18: PARENT OR LEGAL GUARDIAN SIGNATURE MUST ALSO BE NOTARIZED ON RELEASE

- Consent To Treat FORM COMPLETED, SIGNED AND NOTARIZED. These are two different forms and require TWO notary signatures.

- PROOF OF MEDICAL INSURANCE required for each student except Ground School students.

If Ground School Students do have the insurance and paperwork it will allow them to do more around the bucking chutes when we buck stock.

I look forward to working with you,

Cody Goodwin

Director of Instruction

RODEO SCHOOL -

PARTICIPANT RELEASE FORM **bring signed, completed, notarized form to the school with you.**

1. Date: ____/____/____. 2. Agreement: As consideration for being allowed to participate and/or train in the SANKEY RODEO SCHOOL

the undersigned: NAME_____

PHONE()_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____ agrees to the following:

3. Acknowledgement of risk: The undersigned acknowledges that rodeo is a dangerous activity and that the participation in rodeo training exposes the participant to a substantial and serious risk, whether foreseen or unforeseen, including but not limited to property damage, personal injury, and even death. The undersigned expressly acknowledges that his/her participation in the Sankey Rodeo School will involve such a hazard.

4. Release of sponsors: The undersigned, being fully aware that participation in the Rodeo school will expose him/ her to a substantial and even serious risk of property damage, personal injury or death hereby releases all sponsors, Ty Rinaldo, Rinaldo family, TZ Ranch, TZ Bucking Bulls; Sankey Rodeo School LLC and Cody and Jody Goodwin, their officers, all class of members, employees, servants and agents, including their heirs and assigns from any and all damage, personal injuries or any other claims arising from the undersigned's participation in the rodeo school, including those that are known and unknown, foreseen and unforeseen, past, present, future or contingent.

5. Covenant not to sue: The undersigned covenants that the undersigned shall not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against all sponsors, Ty Rinaldo, Rinaldo family, TZ Ranch, TZ Bucking Bulls; Sankey Rodeo School LLC and Cody and Jody Goodwin, their officers, all class of members, employees, servants and agents, and any booking or marketing agents including heirs and assigns, arising out of, or related to the actions, causes of action, claims and demands hereby waived, released or discharged by the undersigned.

6. Assurances: The undersigned has full power, authority, capacity and right without limitation to execute, deliver and perform this release.

7. Binding effect: This release shall be binding upon the undersigned, the undersigned's spouse, legal representatives, heirs, successors and assigns. This release has been carefully read by the undersigned, and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered this release on this _____ day of _____, 20_____.

MUST BE SIGNED, COMPLETED, AND NOTARIZED REGARDLESS OF AGE.

Age of Participant: _____.

Birth date: _____-_____-_____.

I, _____, have read the above release in full, fully understand its terms and conditions and I hereby voluntarily execute and deliver this consent to attend and participate in the rodeo school. I further agree to be dully bound by the release's terms and conditions in both my individual capacity and/or in my capacity as parent or legal guardian for rodeo participant.

PARTICIPANT SIGNATURE _____

Consent of Parent or Legal Guardian _____

Notary Public _____

Parent/Guardian CONSENT TO TREAT bring signed, completed, and notarized form to the rodeo school with you, if participant is under 18 years of age. As Parent/Legal Guardian I/We give full consent to provide any and all medical treatment as needed in the event of any emergency for my/our child who is under the age of 18.

Child's Name

Child's Age _____

Child's Birth Date _____/_____/_____

Parent/Guardian Signature

Parent/Guardian Signature

Emergency Contact Phone number(s)

Any Special Medical Concerns

Medicines Being Taken Now

Medical Insurance

Policy Number _____

Notary Public _____

MEDICAL INFORMATION FORM
PLEASE COMPLETE AND RETURN TO STAFF

STUDENT NAME _____ AGE _____

Date of birth _____

ADDRESS _____

EMERGENCY CONTACT NAME _____

phone (to call in case of emergency) _____

Medicine currently taking:

1. _____

2. _____

3. _____

4. _____

Any current medical conditions: _____

Smoker: Y N

Insurance info: Company name: _____

Policy number _____

Policy holder name _____