Dear Student,

We look forward to having you with us for the New Caney, TX rodeo school, **Dec 11-13, 2026** ,

The school will be held at the A.V. "Bull" Salas Park Arena. Physical address for arena, 21675 McCleskey RD, New Caney, TX. It is located off US Hwy 59, just north east of Houston. From the south bound feeder road there is a sign, A.V. "Bull" Salas Park, turn right, west, on McCleskey Road. The entrance is on the right to enter the park complex area. The arena is covered, with open sides and pavilion on one end. We have discount rates at the La Quinta in New Caney. Mention Sankey Rodeo School when you call for reservations. La Quinta Inn 281-354-1904.

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. (2) Bring something to make notes on... and use it.

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. For bareback and bull riding any type of western/cowboy boot will work. For saddle bronc riding you want at least a walking heel, leather soles, no high tops, lace ups, or ropers.

As a student you will receive lifetime discounts on equipment purchases, starting at the school. Credit cards may be used for equipment purchases. Cash only for meals at the concession stand. 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 as long as it's received by the deadline.

THINGS TO BRING TO THE SCHOOL

- COMPLETED, SIGNED AND NOTARIZED PARTICIPANT RELEASE FORM. THIS MUST BE NOTARIZED REGARDLESS OF YOUR AGE!
- IF YOU ARE UNDER 18, PARENT OR LEGAL GUARDIAN SIGNATURE MUST BE NOTARIZED ON THE PARTICIPANT RELEASE FORM AND THE "CONSENT TO TREAT FORM.
- **IMPORTANT NOTE: THE PARTICIPANT RELEASE FORM AND THE CONSENT TO TREAT FORM MUST BE ON SEPARATE PAGES. BOTH MUST BE NOTARIZED THEMSELVES! THEY ARE TWO VERY DIFFERENT DOCUMENTS.**
- PROOF OF MEDICAL INSURANCE required for each student except Ground School students. If ground school students do have insurance and the 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
Sankey Rodeo School LLC

PARTICIPANT RELEASE FORM

Bring signed, completed, and notarized form to the school with you REGARDLESS OF YOUR AGE.

1. Date: _____

2. **Agreement:** As consideration for being allowed to participate and/or train in the SANKEY RODEO SCHOOL I the undersigned:

3. Name _____ Phone _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ agree 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, Phillip Goodwin, A.V. "Bull" Salas Park, 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 liability for 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, Phillip Goodwin, A.V. "Bull" Salas Park, Sankey Rodeo School LLC and Cody and Jody Goodwin, their officers, all class of members, employees, servants and agents, including their 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 _____

Note: Participant under 18 years of age must have the above signed by their parent(s) or guardian(s), completed, and notarized.

NOTARIAL CERTIFICATE

State of _____ County of _____

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public Signature: _____ Commission Expires: _____

Notary Public Printed Name: _____ Notary Seal / Stamp:

My commission expires: _____ Notary ID #: _____

CONSENT TO TREAT FORM

Parent/Legal Guardian Consent to Treat — If participant is under 18 years of age bring signed, completed, and notarized form to the rodeo school with you.

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: _____ Emergency Contact: _____

Child's Age: _____ Phone Number(s): _____

Child's Birth Date: _____ Phone Number(s): _____

Parent / Guardian Signature: _____

Parent / Guardian Signature: _____

Date: _____

Any Special Medical Concerns:

_____

_____

_____

Medicines Being Taken Now:

_____

_____

_____

Medical Insurance: _____ Policy Number: _____

NOTARIAL CERTIFICATE

State of _____ County of _____

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public Signature: _____ Commission Expires: _____

Notary Public Printed Name: _____ Notary Seal / Stamp:

My commission expires: _____ Notary ID #: _____

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: _____