Dear Student,

We look forward to having you with us for the Sankey Rodeo School in Kiefer, OK, October 19-20, 2024 to be held at the Cross Bar Arena, Kiefer, OK. The physical address is 5270 West 171st Street South, Kiefer, OK 74047. There are camper hookups at the arena, call Christy at 918-853-9882 to check on availability. We have a block of rooms at the Comfort Inn Glenpool. To get the student rate, call (918) 995-2225 and ask for the Sankey Rodeo Schools rate.

There will be a concession stand on the grounds, cash only please.

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 \$65.00 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. 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.

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: BOTH 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, Lyle Sankey Director of Instruction Sankey Rodeo Schools LLC

Sankey 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:
2. NAME
Phone
ADDRESSCITY
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 Schools LLC 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, Sankey Rodeo Schools LLC and Lyle and Kathy Sankey, Mike McGee, Happy Aces Cowboy Church any of their regents, employees, instructors, or agents, 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, Lyle and Kathy Sankey, Sankey Rodeo Schools LLC, Mike McGee, Happy Acres Cowboy Church, 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
MOST BE SIGNED, COMPLETED, AND NOTANIZED 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

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			
Parent/ Guardian Signature _			
Parent/Guardian Signature			
Emergency Contact			
Phone Number(s)			
Phone Number(s)			
Any Special Medical Concerns			
Medicines Being Taken Now			
Medical Insurance			
Policy Number			
NOTARY PUBLIC			

NOTARY PUBLIC ______