

Dear Student,

We look forward to having you with us for the Oak Hill, OH rodeo school April 25-26th, 2026. The address of the arena is 1483 Hickory Grove RD Oak Hill, OH 45656. GPS doesn't always work well out there. The easiest way to the arena is to go to Oak Hill, your GPS will usually work from there to the arena. You'll take Hwy 279W out of town toward Jackson Lake State Park. Go past the lake, turn left onto Cozy Glen Rd, It turns into Hickory Grove Rd. The driveway to the arena will be on your right. The closest motel is Days Inn, Jackson, OH. Phone number 740-688-2243.

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 concession stand will be cash only.

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 RELEASE FORM** REGARDLESS OF YOUR AGE!
- **IF YOU ARE UNDER 18, PARENT OR LEGAL GUARDIAN SIGNATURE MUST ALSO BE NOTARIZED ON RELEASE**
- **IF YOU ARE UNDER 18** Consent To Treat **FORM COMPLETED, SIGNED AND NOTARIZED**
- **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

SANKEY RODEO SCHOOLS- 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 _____

ADDRESS _____ phone _____

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, Danny Drown, Sankey Rodeo School · LLC and **Cody & Jody Goodwin** , including their heirs and assigns, their officers, all class of members, staff, employees, servants and agents, 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, Danny Drown, Sankey Rodeo School LLC and **Cody & Jody Goodwin** , their officers, all class of members, staff, employees, servants and agents, and any booking or marketing 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 fully 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.

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) _____

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 _____