

Clinic Registration Form
17th Annual Miss Rodeo USA Clinic
August 2-4, 2019 – Fort Worth, TX

Name: _____

Age: _____ (Accepting girls 10-25 years of age, or note if observing)

Address: _____

Phone: _____

Email: _____

T-Shirt Size: _____

My goal rodeo queen title is: _____

PAYMENT:

\$300 - Participant with hands-on horsemanship; Fee enclosed _____

\$250 - Participant without hands-on horsemanship; Fee enclosed _____

\$150 - Observer (committees, parents, directors); Fee enclosed _____

NOTE:

Only payment in the form of cash upon arrival, cashier's checks and PayPal will be accepted. Our preferred method of payment is by PayPal. Payments made by PayPal may be completed by sending your payment to: missrodeousainfo@gmail.com

No refunds will be made after payment is received.

TRANSPORTATION

I will be flying into an Airport: YES / NO If yes what airport: _____

Arrival Time: _____ Departure Time: _____

I will be driving into Fort Worth, TX and will arrive approximately (Date/time): _____

Location of Clinic:

North Texas High School Rodeo Arena

6229 Windy Ryon Way, Fort Worth, TX 76179

ACCOMMODATIONS

Holiday Inn Express Hotel and Suites 3541 N.W. Loop 820 Ft. Worth, TX 76106 will be our clinic's host hotel for your stay in Fort Worth, TX. Blocked room rates at \$109.99 for Two Queen Beds per night will be offered to clinic guests/participants with breakfast included. To access the blocked room rate you may call the hotel directly 817-744-7755 and book your stay under the group name Miss Rodeo USA Clinic.

****Please note that although it is encouraged to stay at the clinics host hotel it is not a requirement.****

Additionally, if you want to be paired with a roommate, the MRUSA Association will help pair you with another clinic participant. Please contact the Clinic Director, Elisa Swenson-Carter to line up your roommate and reservation and get confirmation you have been paired up by phone (405-406-7707) or email (missrodeousaclinic@gmail.com)

I would like a roommate: YES / NO

Participants Will Receive:

* Clinic Binder * Study Guide * Valuable pageant information & tips * Gifts & prizes from our great sponsors!*

NOTES: * Meals Provided * Detailed schedule to follow registration * Clinic will begin EARLY Friday morning * Room rate begins the Thurs. before the clinic (08/01/19) * We will finish Sunday afternoon and will try to accommodate early flights/long drives.

DEADLINE TO APPLY: July 27, 2019

Applications may be mailed to:

Miss Rodeo USA Clinic
1610 S 31st Suite 102 #345,
Temple, TX 76504

For any questions or concerns, please contact Elisa Swenson-Carter by phone (405-406-7707) or email (missrodeousaclinic@gmail.com).

Participant Signature: _____ Date: _____

Parent/Guardian if Participant is under the age of 18:

Signature: _____ Date: _____

DECLARATION OF CONSENT AGREEMENT & WAIVER
Miss Rodeo USA Rodeo Queen Clinic
August 2-4, 2019

I, _____ will be participating in the Miss Rodeo USA Rodeo Queen Clinic, August 2-4, 2019. I attest that I am responsible for myself and belongings in route to and from the Miss Rodeo USA Rodeo Queen Clinic. I also will not hold the Miss Rodeo USA Association, the International Professional Rodeo Association, the North Texas High School Rodeo Association or its affiliates liable for anything that may be lost, damaged, or any injury that may occur during the Miss Rodeo USA Rodeo Queen Clinic. I am aware that the State of Texas has an Equine law and that any and all injury or accident during the horsemanship section is my own responsibility. I agree to follow the rules and regulations that are covered by the Miss Rodeo USA Association. I also grant the Miss Rodeo USA Association permission for the use of photograph(s) or electronic media images in any presentation of any and all kind whatsoever. By signing, I acknowledge that I am eighteen years of age or older, of sound mind and body, and do so at my own free will.

**** Anyone under the age of 18 needs a signature of a parent or guardian ****

_____ Date:

I understand the above statement and agree to the waiver.

_____ Participant (Printed name)

_____ If under 18, Guardian (Printed Name)

Notary Public (SEAL)

_____ Participant Signature

_____ Guardian Signature

_____ Notary Public Signature My commission expires:

_____ Commission #: _____