

Clinic Registration Form
18th Annual Miss Rodeo USA Clinic
August 14-16, 2020 – Athens, AL

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 mailed 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: _____

** Pick up by a MRUSA Committee member can possibly be arranged, depending on arrival/departure airport chosen. Options are Nashville (BNA) or Birmingham (BHM). If you are needing transportation to/from the airport, please contact Heather Morrison (contact on page #2) directly to help arrange.*

Arrival Time: _____ **Departure Time:** _____

I will be driving to Athens, AL and will arrive approx. (Date/time): _____

LOCATION OF CLINIC:

2S Rodeo Arena, 26155 Thach RD, Athens, AL 35613

ACCOMMODATIONS:

The **Fairfield Inn** (21282 Athens-Limestone LN, Athens, AL 35613) will be our clinic's host hotel for your stay in Athens, AL. Blocked room rates at \$106.28 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 **256-233-4530** 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 required.*

Additionally, if you want to be paired with a roommate, the MRUSA Association will help pair you with another clinic participant, though this is not guaranteed. Please contact the Clinic Director, Heather Morrison (contact below) to line up your roommate and reservation and get confirmation you have been paired up.

I would like a roommate: YES / NO

ADDITIONAL NOTES:

All Participants Will Receive:

- * Clinic Binder & Study Guide
- * Valuable pageant information & tips
- * Gifts & prizes from our great sponsors
- * All meals provided for participants and observers

Please be aware of the following:

- * Detailed schedule to follow registration
- * Clinic will begin EARLY Friday morning - approx. 8am
- * Room rate begins the Thurs. before the clinic (08/13/20)
- * We will finish Sunday afternoon and will try to accommodate early flights/long drives.

DEADLINE TO APPLY: July 30, 2020

Applications may be mailed to:

Miss Rodeo USA Clinic, Attn: Heather Morrison, 2701 Co Rd 245, Moulton, AL 35650

**For any questions or concerns, please contact Heather Morrison
by phone (563-607-0580) or email (missrodeousa2019@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 14-16, 2020

I, _____ will be participating in the Miss Rodeo USA Rodeo Queen Clinic, August 14-16, 2020. 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, 2S Rodeo Arena 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 Alabama 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) _____

Participant (Signature) _____

If under 18, Guardian (Printed Name) _____

Guardian (Signature) _____

Notary Public (SEAL)

Notary Public

Signature _____

My commission expires: _____ Commission #: _____