

Dear Student,

I am looking forward to having you at the **March 19th, 20th, 21st, 2010** rodeo school in **Centerville, IA**. The school will be held in the **South End Arena - Indoor Arena**. Go South of the Hwy 5 & Hwy 2 Intersection 1 Mile to South 18th Street. Take a Left (East) at Centerville Tent & Awning. Go 2 Blocks to the T and then Right to the Arena. The phone there is: **641-895-2345**. **Loretta McClintock** - contact for the arena.

We'll cover a great deal of information with lecture, demonstration; video, etc. so do two things: (1) Be on time. **Check-In is at 8:00 am** (2) **Make Notes**.

We welcome wives and family members to the school at no cost. Anyone on the grounds must be enrolled at least as a **Ground School Student**. Tuition is \$60.00 if enrolled by the deposit deadline. It includes the Student Portfolio & materials, drills, lectures, lifetime equipment discounts, classroom sessions, etc. It's all except getting on bucking stock. This policy helps us control distractions and was put in place to protect your investment.

We'll make sure you have quality equipment to use at no cost during the school regardless of what you do or don't have with you (but bring what you do have). You will receive **Lifetime Student Discounts** on all equipment purchases at the school and anytime in the future as well. You may use **credit cards for equipment purchases at the school**.

The **balance of tuition** must be paid (if done at check in the first morning) with **cash, cashiers check, money order, or travelers checks!** You may pay with Credit Card prior to the school by phone or on line prior to the school, if you wish.

Your **RELEASE FORM** must be **completed, signed, and notarized REGARDLESS OF YOUR AGE**. If you are under 18 you must also have the parent/guardian portion completed, signed, and notarized as well. Bring it with you to the school. **If you are under 18 you must also bring the signed, completed, and notarized "Consent to Treat" form as well.**

PROOF OF MEDICAL INSURANCE is required for all students except Ground School Students.

For lodging: There are several motels in Centerville. The staff will stay at the Super 8.

I'm looking forward to working with you,

Lyle Sankey - Director of Instruction

RODEO SCHOOL - PARTICIPANT RELEASE FORM (Forms are to be brought to the school completed & notarized)

1. Date: _____.
2. Agreement: As consideration for being allowed to participate and/or train in the SANKEY RODEO SCHOOL the undersigned: NAME _____ PHONE _____
(_____) _____
ADDRESS _____
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 eve 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, Loretta McClintock, South End Arena; Dave Larson, Liz Larson, Rockin' 'L' Buckin' Bulls, John Ballard, Great Plains Rodeo, Bryan Wyers, High Risk Bucking Bulls, Irvin Williams, Williams Rodeo Company; Sankey Rodeo Schools and Lyle Sankey, 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, Loretta McClintock, South End Arena; Dave Larson, Liz Larson, Rockin' 'L' Buckin' Bulls, John Ballard, Great Plains Rodeo, Bryan Wyers, High Risk Bucking Bulls, Irvin Williams, Williams Rodeo Company; Sankey Rodeo Schools and Lyle Sankey, 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 _____, 2010.

MUST BE SIGNED & 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 these formssigned by their parent(s) or guardian(s) and notarized.

Public Notary Commission Expires

Parent/Guardian Consent to Treat

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.

Parent/Guardian _____

Parent/Guardian _____

Emergency Contact _____

Phone Number(s) _____

Child's Name _____

Child's Age _____ Child's Birth Date ____/____/____

Any Special Medical Concerns

Medicines Being Taken Now

Medical Insurance Company _____

Policy Number _____

NOTARY PUBLIC Commission Expires