



**AGRA RODEO SCHOOL**  
**Friday - February 14, 2025**  
**Corona Ranch & Rodeo Grounds**  
**7611 S 29<sup>th</sup> Avenue (S 29<sup>th</sup> Ave & W Baseline Rd)**  
**Laveen (Phoenix), Arizona**

**ENTRY FORM**

LEGAL NAME	PERFORMANCE NAME :
ADDRESS:	CITY/STATE/ZIP
PHONE (        )	E-MAIL

**ON-SITE REGISTRATION: FRIDAY – FEBRUARY 14, 2025 - 9:00-10:00 AM**

**REGISTRATION FEE IS \$20.00 PER PERSON PER EVENT.**

EVENT	√ IF ENTERING \$20.00 PER EVENT)	PAID (AGRA USE ONLY)
Calf Roping on Foot (10:00-11:00 am)		
Goat Dressing (11:00 am-Noon)		
Chute Dogging (Noon-1:00 pm)		
Steer Riding (1:00-2:00 pm)		
Steer Decorating (2:00-3:00 pm)		

***On-site payment: Check payable to AGRA, credit card or cash***

**LIABILITY AND WAIVER OF PARTICIPATION FORM ON NEXT PAGE - MUST BE COMPLETED & SIGNED**

**NOTE: TIMES ARE APPROXIMATE AND ARE SUBJECT TO CHANGE.**



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**LIABILITY AND WAIVER OF PARTICIPATION**

I \_\_\_\_\_ knowingly and of sound mind agree to participate in the 2024 AGRA Rodeo School of my own will, and do hereby acknowledge that I am able to make this decision on my own accord, being of legal age in the State of Arizona to sign a legal binding contract.

I also agree that I will not hold Corona Ranch, its' owners, employees, and staff; AGRA, its' board of directors, members, and volunteers; stock contractor and his employees; any volunteers, organizers, or instructors of this event responsible for any physical injuries including up to death while participating in the 2025 AGRA Rodeo School conducted at Corona Ranch and Rodeo Grounds.

By my signature on this waiver, I acknowledge participation in the 2025 AGRA Rodeo School is by my choice. I also affirm that I am not under the influence of illegal drugs, alcohol, or prescriptions that may inhibit my ability to safely participate in rodeo events.

**There will be no on-site ambulance during the Rodeo School, but an ambulance will be called if needed.**

I sign this waiver knowing that rodeo events, and participation in the events, carry an inherent risk of injury, including bruises, broken bones, and even in rare cases, death.

\_\_\_\_\_  
(PARTICIPANT'S PRINTED NAME)

\_\_\_\_\_  
(PARTICIPANT'S SIGNATURE)

\_\_\_\_\_  
(PARTICIPANT'S AGE)

\_\_\_\_\_  
(DATE OF SIGNATURE)