

## **RODEO VENDOR**

NAME OF COMPANY		
NAME		
ADDRESS	_CITY	ZIP
PHONE (W)	_ PHONE (CELL)	
E-MAIL ADDRESS	-	
INFORMATION ABOUT YOUR COMPANY AND WHA	T YOU SELL:	
I PLEDGE TO ABIDE BY ALL RULES AND REGUL	LATIONS AS SET FO	RTH IN THE LSHSRA RULEBOOK.
I understand that I am engaging in an equine event to or the death of a participant in an equine activity insurance coverage for any of the rodeo officials/su	. Further be advise	
Signature	Da	ate
WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTIVE A AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE AC ACTIVITES.	•	
LSHSRA * PO BOX 192* TERRELL, TX 75160		