



**UGRA RODEO SCHOOL**  
**Friday – June 26, 2026**  
**Golden Spike Event Center**  
**1000 N, 1200 W Ogden, UT 94404**

**ENTRY FORM**

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

**ON-SITE REGISTRATION: FRIDAY – JUNE 26, 2026; 10:00 - 11:00 AM**  
**REGISTRATION FEE IS \$20.00 PER PERSON PER EVENT.**

EVENT	“X” IF ENTERING (\$20.00 PER EVENT)	PAID (UGRA USE ONLY)
Calf Roping on Foot (11:00 AM- 12:00 PM)		
Chute Dogging (12:00- 1:00 PM)		
Steer Decorating (1:00- 2:00 PM)		
Steer Riding (2:00- 3:00 PM)		
Flag Race (3:00- 4:00 PM)		
Barrell Race (4:00- 5:00 PM)		

**On-site payment: Check payable to UGRA, Credit Card or Cash**

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

*Note: TIMES ARE APPROXIMATE AND ARE SUBJECT TO CHANGE BASED ON NUMBER OF STUDENTS PER EVENT.*

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LIABILITY AND WAIVER OF PARTICIPATION**

I \_\_\_\_\_ knowingly and of sound mind agree to participate in the 2026 UGRA 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 Utah to sign a legal binding contract.

I also agree that I will not hold the Golden Spike Event Center, its' owners, employees, and staff; UGRA, 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 2026 UGRA Rodeo School conducted at The Golden Spike Event Center.

By my signature on this waiver, I acknowledge participation in the 2026 UGRA 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.

**We are planning on have the EMTs on-site during rodeo school.**

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**