



CHSRA DISTRICT 2 Safety Video Verification Form



I, _____ (contestant) hereby certify that I have watched the required NHSRA Safety Videos before my first performance of my first CHSRA District 2 Rodeo. **NO VIEW-NO RODEO-NO EXCEPTIONS.**

Timed events 3 videos and/or Rough stock 5 videos

Contestant Signature	Date
Parent or Legal Guardian Signature	Date

Please hand deliver it to the Membership Secretary or Rodeo Secretary at check-in before your first Rodeo.

MEMBERSHIP SECRETARY

Patsie Paschi

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(707) 272-5919

RODEO SECRETARY

Nikki Roberts

(707) 444-8670