PERMISSION TO RELEASE INFORMATION

The Wyoming High School Rodeo Association is committed to ensuring the privacy and accuracy of your confidential information. However, on several occasions Universities, Colleges, Scholarship Foundations, Sponsors and other persons may request personal information about its student members. With your permission, we will release contact information provided on this application about you to other interested parties. The WHSRA will not disclose your confidential personal information without your specific consent.

I,_____, do herby authorize WHSRA to disclose the information provided on the Application to interested parties, whether the said information is public, private or confidential in nature.

I have read and fully understand the contents of the "Permission to Release Information".

_____ _____
Signature of Applicant Date

_____ _____
Witness Date

If Applicant is under the age of 18, the Applicant's parent or legal guardian must also agree to the "Permission to Release Information".

_____ _____
Signature of parent or legal guardian Date

_____ _____
Witness Date

If you do not wish to have your personal information disclosed, please check here: ____