SECTION 7 – ACKNOWLEDGEMENT STATEMENT

STUDENT-ATHLETE
ACKNOWLEDGEMENT STATEMENT

By signing below I acknowledge that I have received a copy of the Navajo Technical University student-Athlete Handbook and reviewed the information contained within the Navajo Technical University Student-Athlete Handbook. I understand the contents of the Student-Athlete Handbook and realize that I am subject to disciplinary measures should I violate them. I agree to participate and conduct myself in accordance with the rules of the Navajo Technical University Athletic Department and any other specific rules of Navajo Technical University or the coaches.

I acknowledge that while a student-athlete at Navajo Technical University my photo may be taken. I understand that the Navajo Technical University Athletic Department reserves the right to co-ownership of those photos with the photographer and to use the photos for departmental, promotional and resale purposes. By signing below I consent my photos to be used for departmental, promotional and resale purposes.

I understand that failure to sign and return this form to my Head Coach will result in my being declared temporarily ineligible for practice or competition.

Print Name:

_____

Your Sport:

_____

Signature:

_____

Date:

_____

Acknowledgement:

_____

Athletic Director/Coach

Sports Physical Form

Name: _____ Gender: M F Date of Birth: ___/___/___ Father's Name:
_____ Daytime phone, pager, cell phone: _____ Mother's Name:
_____ Daytime, phone, pager, cell phone: _____ Street address:
_____ City:
_____ State: _____ Zip Code: _____ Home phone: _____ Alternate
Emergency Contact Person: _____ Daytime phone: _____ Please indicate
MEDICAL ALERTS such as allergic reactions, contact lenses, etc.:
_____

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

1.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES NO Don't Know
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES NO Don't Know
3.	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?	YES NO Don't Know
4.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES NO Don't Know
5.	Does the athlete have a history of concussion (getting knocked out)?	YES NO Don't Know
6.	Has the athlete ever suffered a heat-related illness (heat stroke)?	YES NO Don't Know
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES NO Don't Know
8.	Does the athlete take any medication(s)?	YES NO Don't Know
9.	Is the athlete allergic to any medications or bee stings?	YES NO Don't Know
10.	Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries)	YES NO Don't Know
11.	Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition?	YES NO Don't Know
		YES NO Don't Know
12.	Has the athlete had surgery or been hospitalized in the past year?	YES NO Don't Know
13.	Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	YES NO Don't Know
14.	Are you, the athlete, worried about any problem or condition at this time?	YES NO Don't Know

Please give details on any "YES" answer from the above health history.

_____
_____
_____
_____

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision: R _____ / _____ uncorrected R _____ / _____ corrected L _____ / _____ uncorrected L _____ / _____ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Please Print/ Stamp

Physician's Name _____ Street Address _____ City, State, Zip Code _____ Telephone _____

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature _____ Date _____

PARTICIPATION RESTRICTIONS: _____

EMERGENCY CONTACT AND PROOF OF INSURANCE

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student athlete is covered by insurance. **REMINDER:** All student athletes must be covered by insurance before they can plan or practice in a university sponsored sport.

Student Name: _____ Date of Birth: _____

Male: ____ Female: ____ Social Security # ___-___-____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Father/Guardian's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Primary Health Insurance Company: _____

Name of Policy Holder: _____

Employer's Name: _____ Group ID# _____

Policy ID#: _____ Coverage under _____ Self _____ Parent/Guardian

If the student is insured under more than one policy, provide the additional information on the bottom or back of this form.

Date: _____ Student-Athlete Signature: _____

Date: _____ Parent Signature: _____

Emergency Contact Information

Contact #1: Name_____Relation_____

Address_____ Home Phone_____

Work Phone_____ Cellular Phone_____

Contact #2: Name_____Relation_____

Address_____ Home Phone_____

Work Phone_____ Cellular Phone_____

NAVAJO TECHNICAL UNIVERSITY

STUDENT-ATHLETE TRAVEL RELEASE FORM	
All individuals are expected to travel to and from competition with their team, unless they have completed this form and provided it to their coach prior to the event. Student-athletes traveling to and from University funded and/or sponsored events must travel with their team or be accompanied by a coach or staff member. The only exception to this policy is if the student-athlete is traveling with a parent or legal guardian. Any alternate travel must be approved using this form. Student-athletes in violation of this policy will be subject to disciplinary action.	
PERSONAL INFORMATION	
Student Name:	Student ID Number:
Home Phone:	Cell Phone:
Sport(s) You Play:	Coaches Name:
RELEASE REQUEST	
Date of Event:	Means of Travel:
Name of Parent/Legal Guardian:	
Signature (s)	
Student:	Date:
Coach/Staff:	Date:

EST. 1979

NAVAJO TECHNICAL UNIVERSITY

NITSÁHÁKEES NÁHATÁ IINÁ SIH HASIN

CONSENT FOR RELEASE/DISCLOSURE

Date: _____

To: _____

From: _____

I _____ _____ ☐ Request ☐ Authorize

Name of Student **NTU ID Number**

George LaFrance
Athletic Director & Head Coach _____

_____

Name of Person/Organization to release information

To disclose:

☐ All Academic Records

☐ Grades/Transcript

☐ Financial Aid Records

☐ Attendance

☐ Schedule

☐ Address and Phone Number

☐ Other: _____

For the Purpose of: _____

_____

Effective Date of Consent: _____ **Date Consent Expires:** _____

I understand that my records are protected under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation or parole) and that in any event this consent expires automatically as described above.

Student's Signature: _____ **Date:** _____

NAVAJO TECHNICAL UNIVERSITY

NIHASIN

NAVAJO TECHNICAL UNIVERSITY
WAIVER AND RELEASE OF LIABILITY

I, _____, understand that attendance at Navajo Technical University (NTU), at times, may involve certain risks, which NTU cannot anticipate, change or improve. Such risks may include risks to my health or wellbeing; my inexperience or unfamiliarity with equipment that may be incorporated into the educational process; remoteness of NTU; unfamiliarity with the educational environment, conditions or requirements; unintended exposure to various pathogens; federal, state, tribal, or local governmental orders that could restrict school attendance, travel or activities; inadequate or unavailable healthcare facilities or assistance; accident, or mistake. These risks may result in inconvenience, loss, injury, illness, damages to me, including personal injury or extended quarantine or isolation, up to and including my death, or damage or loss to my personal property.

I further understand and agree that NTU does not assume responsibility or liability for and has not made, does not make, and cannot make any representations whatsoever regarding my personal health and safety or that of my property while attending NTU. I hereby RELEASE, WAIVE, FOREVER DISCHARGE AND HOLD HARMLESS, AND COVENANT NOT TO SUE NTU, a not-for-profit organization, its successors and assigns, board, directors, officers, faculty, employees, and volunteers from any and all liability, for any and all claims or causes of action related to my person, property, or other legal claims, including but not limited to, any loss of property, injury, disability, or death, including but not limited to negligence and/or failure to supervise, that may arise from my attendance at NTU, whether foreseen or unforeseen, known or unknown, and I assume full responsibility for any illness, injuries, damages, or losses that may arise out of my attendance at NTU, up to and including my death. I also understand that this release binds me, my family, estate, my heirs, executors, administrators, assigns and/or personal representative. I understand that my behavior is subject to applicable NTU policies while attending this institution.

Additionally, I understand that there may be inherent dangers and risks, as well as unavoidable and unforeseeable dangers to which I may be exposed by attending NTU, including those listed in the attached activity addendum, as may be applicable. I hereby expressly and specifically assume the risk of injury or harm while attending NTU, and release NTU from all liability for personal injury, illness, death, or property damage that may result from attending NTU. 4
I expressly agree that this Release is intended to be as broad and inclusive as permitted under the laws of the Navajo Nation and the States of New Mexico and Arizona as may be applicable; and that this Release shall be governed by and interpreted in accordance with the laws of the Navajo Nation. I also agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Acknowledgment and Signature:

By signing below, I acknowledge that I have read and understood this waiver, release of liability, and assumption of risk. I knowingly and voluntarily agree to its terms and conditions.

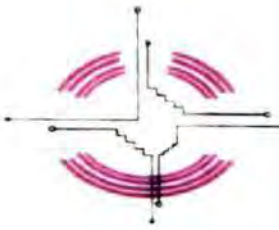
Signature: _____ Date: _____

Printed Name: _____

If under the age of 18:
I am the parent or legal guardian of _____ and I approve this Release and Waiver of Liability on behalf of the minor child.

_____ Date: _____
Signature of Parent/Legal Guardian

_____
Printed Name of Parent/Legal Guardian



NAVAJO TECHNICAL UNIVERSITY

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ACTIVITY ADDENDUM

1. Name of NTU Department and/or NTU Program:

_____

2. Name of Activity:

_____

3. Date(s) of Activity:

_____

4. Location of Activity:

_____

a. Activity is located G on the Navajo Reservation G off the Navajo Reservation

5. Description of Activity:

_____

_____

_____

_____

6. Description of Associated Risks that may be Involved:

_____

_____

_____

_____

7. Printed Name of participating individual:

_____

8. Signature acknowledging the assumption of risk:

_____

(DATE)

EST. 1979

NAVAJO TECHNICAL UNIVERSITY

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NTU Image Release Form

I hereby grant Navajo Technical University ("NTU") and its representatives, including but not limited to its employees, agents, and contractors, the right and permission to use, reproduce, and distribute photographs, images, video recordings, or any other media format (collectively referred to as "Media") in which I may be included.

I understand and agree to the following:

Consent: I voluntarily consent to the use of my likeness and any accompanying personal information, including my name, for the purposes of promoting NTU, its programs, events, or any other related activities.

Release and Immunity: I release NTU from any claims, demands, actions, or causes of action arising out of or in connection with the use, distribution, or reproduction of the Media, including any claims for invasion of privacy, defamation, or infringement of rights. I understand that NTU is immune from liability as provided by law.

Ownership: I acknowledge that NTU is the sole owner of the Media, and I waive any right to inspect or approve the final product wherein my likeness appears.

No Compensation: I understand that I will not receive any financial compensation for the use of the Media by NTU, either now or in the future.

Right to Discontinue: I understand that NTU reserves the right to discontinue the use of the Media at any time without prior notice.

Confidentiality: I understand that NTU will make reasonable efforts to protect the confidentiality of any personal information associated with the Media, However it cannot guarantee absolute confidentiality.

Minors: If the individual granting this release is a minor, I certify that I am the parent or legal guardian of the minor and have the legal authority to execute this release on their behalf.

I have read and understood the terms of this Image Release Form, and I voluntarily agree to its contents.

Full Name: _____

Signature: _____

Date: _____

[If the individual granting this release is a minor, please include the following:]

Parent/Legal Guardian's Full Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____

NIRA 2026/2027 — INDIVIDUAL MEMBERSHIP APPLICATION

DIRECTIONS FOR COMPLETING A SUCCESSFUL MEMBERSHIP APPLICATION:

1) COMPLETE ENTIRE APPLICATION. Incomplete or non-legible applications will be placed on hold, and you will not be able to compete until your membership is complete.

2) DEADLINES EXIST. It is your responsibility to know each regional rodeo deadline. Contact your regional directors for this information. If your membership is on hold you will not be eligible to compete.

3) Enclose school check, money order, or cashiers check drafted on United States bank only. Address to "NIRA". **NO PERSONAL CHECKS ACCEPTED.**

4) IF YOU ARE APPLYING FOR YOUR FIRST NIRA CARD, complete the official high school affidavit, OR submit an OFFICIAL high school transcript with High School graduation date.

5) Enclose an **OFFICIAL** transcript from each college institution attended, **INCLUDING ANY COLLEGE COURSES TAKEN IN HIGH SCHOOL** even if on high school transcript.

6) OFFICIAL TRANSCRIPTS are documents that are produced by the secretary or registrar's office or ordered through a fulfillment service (Example: Parchment or National Student Clearing-house). Mail official transcripts with application, or email official transcripts to: transcripts@collegerodeo.com

7) SIGN APPLICATION. If under the age of majority in your state of residence, your parents or legal guardian must also sign the release of liability.

8) Coach/Advisor Signature is mandatory for students attending member schools.

9) Mail all completed information to: **NIRA, 2033 Walla Walla Ave., Walla Walla, WA 99362**

10) If the college you are currently attending is NOT listed as a member school on the "NIRA Independent Student Institution Certification" sheet, or is not a member school for 2026/2027, you must have the President or Dean of Students sign the statement on the bottom of the NIRA Independent Student Institution Certification sheet.

11) Do not use prior year applications.

NIRA 2026/2027 — INDIVIDUAL MEMBERSHIP APPLICATION

TYPE OR PRINT CLEARLY

NIRA#_____ Social Security #_____ (Mandatory if US Citizen)

Full Name: Last_____ First_____ Middle_____

Mailing Address_____ City_____ State_____ Zip_____ Phone Number (_____)_____ Cell Number (_____)_____

Permanent Address_____ City_____ State_____ Zip_____ Email Address_____

Date of Birth: ____/____/____ Age_____ Gender: ❑ Female ❑ Male Current Classification: ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior ❑ Graduate Will you mail or email transcripts? ❑ Mail ❑ Email

College Attending_____ Major course of study:_____

Coach's Name_____ **Must Have Rodeo Advisor/Coach's Signature**_____

Have you ever taken any prior college courses? ❑YES ❑NO (Must include official transcripts from all institutions attended, including dual/concurrent enrollment while in high school.

If yes, please list each college institution you have attended:_____ Do you hold a PRCA card or permit? ❑YES ❑NO

Did you attend college this previous term? ❑YES ❑NO Have you ever held a NIRA card before? ❑ YES ❑ NO Were you a 2025 - 2026 NIRA Member? ❑ YES ❑NO Circuit_____

WAIVER AND RELEASE OF LIABILITY

Injury / disease / death. I understand that rodeo and NIRA events are inherently dangerous and create risks of personal injury, including injury resulting in death, to persons, property and livestock. I also understand that attendance at and participation in NIRA events may create a risk of contracting contagious diseases, including COVID-19 in humans. I agree to exercise care to reduce all these risks but I also understand that these risks cannot be completely eliminated, even with the utmost care. I assume the risks of injury, including injury resulting in death, and disease, and on behalf of myself and anyone acting on behalf of myself, my heirs, beneficiaries and survivors, I hereby release the NIRA, its officers, directors, employees, NIRA members, contract personnel, and sponsors from liability for all claims for damages, including damages resulting from death, as a result of any such injury, death, or disease arising out of my participation in and/or attendance at any NIRA event, and I waive the right to assert all such claims.

Rulebook Understanding
Other claims. I understand and acknowledge that it is my responsibility to read the current By-Laws and Rodeo Rules of the NIRA, that they affect my rights, and that they are legally binding on me. I hereby waive any right to assert all claims against the NIRA, its officers, directors, employees, agents, members, and sponsors arising out of the enforcement or interpretation of the NIRA By-Laws and Rodeo Rules, including By-Laws and Rules concerning eligibility, disciplinary action, hardship, and grievances.

Intellectual Property Rights
I hereby confirm that I understand and acknowledge that I have assigned to the NIRA, as a condition of membership, my right, title, and interest in the use of my name, words, voice and image (my "intellectual property rights") reflecting my participation in all NIRA events, and that they may be used by the NIRA for any purpose in connection with the commercial exploitation of my intellectual property rights, and may be conveyed by the NIRA, in whole or in part, to any person or entity, in its sole discretion, for the benefit of the NIRA

INDEMNIFICATION AGREEMENT

I agree to indemnify and hold the NIRA, its officers, directors, employees, agents, members, and sponsors, harmless from any expenses, including reasonable attorneys' fees, incurred as a result of my breach of the release and waiver provisions set forth above.

By my signature below I acknowledge that the information provided by me is true and correct, and that I have read, understand, and agree to the above waiver and release of liability and indemnification agreement.

This application becomes a binding contract upon approval and acceptance by the NIRA in the national office. By signing this application, I am agreeing to the following provisions:

- **CERTIFICATE OF CLEARANCE AND APPLICATION UNDERSTANDING**
  - In accordance with the Family Educational Rights and Privacy Act, I hereby authorize the Faculty Athletics Representative, Athletics Director, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in intercollegiate athletics. The release of such information shall be restricted to any and all official representatives of NIRA to determine my eligibility or compliance with NIRA rules pertaining to eligibility and disciplinary action.
  - NIRA membership dues are $300.00 per NIRA year. This includes membership fees, medical insurance coverage, and an awards assessment fund of $45. Medical insurance provided by NIRA is mandatory and is excess over any valid and collectible insurance. If the school you are attending is not listed on the Independent Student Certification Sheet you must pay an additional $5.00
  - NIRA rulebooks are available for $20.00
  - **I understand the NIRA has a no refund policy.**

❑ **Enclosed** is $300.00 for dues ❑ **Enclosed** is $20.00 for Rulebook (note: Free copy is available on collegerodeo.com) ❑ **Enclosed** is $5.00 if attending a non-member school (RAWHIDE fee)

TOTAL REMITTED $_____ **SIGNATURE OF APPLICANT:**_____ Date:_____

If applicant is under the age of majority, both parent(s) or guardian(s) must execute the following addition to the above.

BY OUR SIGNATURE(S) BELOW I/WE REPRESENT THAT WE HAVE READ AND UNDERSTAND THE WAIVER AND RELEASE OF LIABILITY AND THE INDEMNIFICATION AGREEMENT ABOVE, AND THAT I/WE AGREE TO BE BOUND THEREBY ON BEHALF OF THE MEMBER/PARTICIPANT AND MYSELF/OURSELVES. ACKNOWLEDGED AND AGREED TO BY:

_____ PARENT(S) OR GUARDIAN(S) OF APPLICANT UNDER THE AGE OF MAJORITY.

on this _____ day of _____, 20 _____

_____ PARENT(S) OR GUARDIAN(S) OF APPLICANT UNDER THE AGE OF MAJORITY.

on this _____ day of _____, 20 _____

OFFICE USE ONLY

NIRA#_____

R_____ S_____
Board Member _____
Amount Enclosed $_____
Rulebook _____
Rawhide _____
Other _____
CR page _____
MO / CC / SC / PC / CASH

Yr_____ HS _____

Hrs_____ GPA _____ C S Q

A - HSAffidavit	SS - School Standing
B - Missing Info.	CS - Coaches Sig.
D - DNC	E - NE / 12
D - 9	G - GPA <2
F - 4th YR	I - I / L
GP - Grad Petition	M - NEM
H - NEH	O - Old App.
N - NME	P - Pers. Ck.
NT - Not Taken	R - Rawhide
RP - Rel. Parent	RS - Rel. Sig.
S - Pres. Sig.	TO - Transfer / Office
TC - Transcript	WD - Withdrawn
V - Void Card	YT - Prior Taken
Y - 6 Yr. RL	

OFFICIAL HIGH SCHOOL AFFIDAVIT
• FIRST YEAR NIRA MEMBERSHIP APPLICANTS ONLY •

★ All new NIRA members must complete this high school affidavit, or send an official high school transcript with the graduation date indicated on the official transcript. ★

1. Each NIRA member will have six (6) consecutive NIRA years of eligibility to compete from the date of his/her graduation from high school. If the prospective member received a general education degree, eligibility will be determined from his/her 18th birthday.

   Participant date of birth: _____

2. This affidavit must be verified and signed by **your current college registrar or your high school principal.**

❑ I verify that: _____, Student, who is now attending: _____

College/University, **DID** graduate from: _____, High School, on this date _____.

❑ I verify that: _____, Student, who is now attending: _____

College/University, **DID NOT** graduate from high school, but received a General Education degree on this date: _____.

Printed Official Name: _____

Signature: _____

Title: _____ Date: _____

MAIL WITH APPLICATION TO: **NIRA – 2033 Walla Walla Avenue • Walla Walla, WA 99362**

NAVAJO TECHNICAL UNIVERSITY

SIHASIN

Athletics

July 1, 2026

To: NTU Rodeo Head Coach Nicole Pino and NTU Rodeo Student Athletes

From: George LaFrance, Athletic Director

Reference: Traumatic Brain Injury Prevention Program (TBI) 2026 – 2027 year

NTU Rodeo Athletes,

The policy National Collegiate Rodeo Association/Navajo Technical University has in place for rough stock events participates/rodeo athletes it is mandatory to wear helmet and protective vest for those events. **NTU will have all rodeo athletes pass an online concussion test before they can complete in rodeo collegiate events.** This is what we will do for the Traumatic Brain Injury Prevention Program (TBI).

This course is brought to you by the Arizona Interscholastic Association (AIA), Arizona Cardinals, Arizona State University and Barrow Neurological Institute at St. Joseph's Hospital and Medical Center.

In accordance with article 14.14 of the AIA Bylaws, all student athletes shall complete the Brainbook online concussion education course. All student athletes shall complete the course prior to participation in practice or competition.

Note: The Brainbook online concussion education course must be completed by a student athlete only once.

Navajo Technical University Rodeo Student Athletes/Arizona high school students or parents of high school students must register for an account to begin the course.

https://aiaacademy.org/

Thanks

Navajo Technical University - Athletics
Lower Point Road, State Hwy. 371, P.O. Box 849, Crownpoint, NM 87313
505-387-7477 office 505-786-5644 fax
glafrance@navajotech.edu
www.navajotech.edu