

SANDUSKY CO. FAIR CALF SCRAMBLE

FRIDAY, AUGUST 26, 2016 @ 7:00

*****MINOR RELEASE FORM---MUST BE FILLED OUT COMPLETELY*****

ENTRY FEE OF \$20.00 (Checks payable to the Sandusky Co. Ag. Society)

Applicant Name _____

Address _____

City _____ *State* _____ *Zip* _____

Date of Birth _____ *Age as of August 26, 2016 (Proof Required)* _____

___ *15 to 16 Years*

___ *17 - 18 Years*

___ *19 - 30 Years*

___ *31 and Over*

Shirt Size _____ *Phone* _____

Parents Name (Minors): _____

Address _____ *City* _____ *Zip* _____

Limited number of entries will be accepted. Any entry that is not accepted, will be given a refund. No refund unless entries are full. Minimum of \$100 payback.

I, _____ PARENT OF _____
DO HEREBY CONSENT AND AGREE THAT IT IS PERMISSIBLE FOR OUR SAID MINOR CHILD TO COMPETE IN THE 2016 Sandusky County Fair Calf Scramble, and I (we) joined by our said minor child, do hereby consent and agree to hold said Sandusky Co. Agricultural Society, referees, participants, sponsors, Scramble committee, and all persons individually or collectively, harmless from any liability, bodily injury, and any other damage, or injury sustained or suffered while said minor child is a participant in the scramble on the scheduled night of the scramble.

I (we) also agree that we have been given a copy of the official rules and regulations for the calf scramble. I (we) along with our child, agree to abide by all rules until the completion of the calf scramble program.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF PARENT (IF Participant under age of 18) _____

**Questions about the calf scramble please call Office at 419-332-5604
or Ryan Schiets 419-307-2141**