

Ferry County Fair Bulls & Barrels Entry Form

Name: _____ Address _____
 City _____ State _____ Zip _____ Phone # _____
 SSN# (If money is won) _____ Horse Name _____
 Emergency Contact # _____

Entry Fee

Friday Night Jr. Steers Ages 8-13.....	\$25.00	
Friday Night Sr. Steers/Bulls Ages 14-18....	\$25.00	
Friday Night Open Bull Riding.....	\$50.00	
Friday Night 4D Barrels 4D format <small>(Slack will run from 4:30-5:30)</small> Please declare Slack <input type="checkbox"/> or Performance <input type="checkbox"/>	\$50.00	
Mutton Bustin..... Kids must be less than 60 lbs.	\$10.00	
Total →		\$

18 and under must have the entry Notarized.

All Waivers, Entries and Checks must be sent or post marked by: Aug 21st

To be entered. No late entries. No Exceptions.

For more information, call (509) 775-3146

Mail all Entries, Waivers and
 Checks Payable to:

 Ferry Co. Fair
 PO Box 421
 Republic, WA 99166

Ferry County Fair Arena Events
Bull Riding/Youth Bull Riding/Barrel Racing

Participant's Name: (Please Print) _____

Address: _____

Waiver of Liability, Assumption of Risk and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Ferry County Fair Arena Events and Bull Riding/Youth Bull Riding events hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns **do hereby release, waive, discharge and covenant not to sue** Ferry County Fair Association, Ferry County Fair Board, Ferry County, it's agents or employees of the before names agencies and organizations and TNT Bucking Bulls from any and all claims resulting in personal injury, accidents or illnesses, including death, and property loss arising from, but not limited to, participation in Activity.

Assumption of Risk: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from the following, but not limited to, 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and even death.

I have read the previous paragraph and I know, understand and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold harmless Ferry County Fair Association Ferry County Fair Board, Ferry County, it's agents or employees of the before names agencies and organizations and TNT Bucking Bulls from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Assurances: The undersigned has full power, authority capacity and right without limitation to execute, deliver and perform this release; provided, however, that participants under Eighteen (18) years of age must have this document signed by their parent or guardian in front of a notary public.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Binding Effect: This release and covenant contained herein shall be binding upon the undersigned and the undersigned's spouse, legal representatives, heirs, successors and assigns.

This release and covenant has been carefully and fully read by the undersigned and the undersigned fully understands its terms and conditions and has voluntarily executed and delivered this release as of this _____ day of _____, _____. My age if under 18 _____.

Participant Signature

CONSENT OF PARENT OR LEGAL GUARDIAN

I, _____, have read all of the above, including the Indemnification and Hold Harmless, in full. I fully understand its terms and conditions and I hereby voluntarily execute and deliver this consent for _____ to participate in the Youth Bull Riding event in the Ferry County Fair. I further agree to be fully bound by the terms and conditions of this agreement as a parent or legal guardian for the above named participant, and I represent that I have full power, authority, capacity and right to execute and deliver this consent and agreement on the part of said named minor child.

Parent or Guardian of Minor (Please Print)

Signature of Parent or Guardian of Minor
(To Be Notarized)

Date

State of Washington,
County of _____.

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Notary Signature

Title
My appointment expires _____