

2020 CRAWFORD COUNTY FAIR

SHEEP SCRAMBLE APPLICATION AND MINOR RELEASE FORM

9 – 14 YEARS OF AGE

Applications will be taken until 40 entries are made.

\$5.00 ENTRY FEE

APPLICANT NAME _____

ADDRESS _____

CITY _____

AGE _____

PHONE _____

PARENTS NAME _____

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I, _____ parent of _____

Do hereby consent and agree that it is permissible for our said minor child to compete in the 2020 Crawford County Fair Scramble, and I (we), jointly by our said minor child, do hereby consent and agree to hold said CRAWFORD COUNTY FAIR, referees, participants, sponsors, Scramble committee, and all persons individually or collectively, harmless from any liability, bodily injury, 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) along with our child, agree to abide by rules until the completion of the Scramble program.

SIGNATURE OF PARENT (Must be signed)

_____ DATE _____

