

CRAWFORD COUNTY FAIR CALF SCRAMBLE

Monday July 14, 2025 7 P.M

CALF SCRAMBLE APPLICATION

AGE 15 AND OLDER

Applications will be taken until classes are full.
Helmets are strongly recommended for all participants.
\$10.00 ENTRY FEE
(Make checks payable to: Crawford County Ag. Society)

APPLICANT NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER _____

DATE OF BIRTH _____ AGE _____ GENDER _____

Hold Harmless Agreement:

I 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, and other damage or injury sustained or suffered while I participate in the calf scramble on the scheduled night of the scramble at the Crawford County Fair.
I also agree that we have been given a copy of the official rules and regulations for the calf scramble. I agree to abide by the rules until the completion of the scramble program.

SIGNATURE OF PARTICIPANT _____ DATE _____

Minor Release Agreement (required for all minor participants):

I _____ (printed parent/guardian name),
parent/guardian of above named minor, do hereby consent and agree that it is permissible for our said minor child to compete in the Crawford County Fair Calf Scramble. 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, and other damage or injury sustained or suffered while said minor child is a participant in the chicken scramble on the scheduled night of the scramble.

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

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PARENT PHONE NUMBER _____

