

**CALF DRESSING  
PARTICIPANT INFORMATION**

Arena Managers: \_\_\_\_\_  
*GREAT FRONTIER BULL RIDING COMPANY, INC.*

Fee: \$30.00 – Must have a team of 3 (limited to 4 teams). First 4 teams to register will be the ones entered. It is hereby agreed to as follows:

1. I, the undersigned, do for myself voluntarily agree to participate in the arena event.
2. I, the undersigned, will be participating in the arena event at my own risk and will be responsible for serious injuries and/or death, or property damage that may occur on the property.
3. I, the undersigned, will be responsible for any and all costs and damages incurred by me for serious injuries and/or death, or property damage that may occur and that I am currently covered by accident – medical insurance, coverage now in force.
4. I, the undersigned, do carry personal liability insurance now in force.
5. I, the undersigned, am a parent or legal guardian of the below named minor child and are of legal age. (Must be at least 16 years or older).

**RELEASE WAIVER:** I hereby, for myself, my family members, my heirs, administrators, personal representatives, and assigns, do agree to hold harmless and discharge, waive, release and covenant not to sue the Great Frontier Bull Riding Company, Inc., its sponsors, agents, employees, officers, directors, representatives, members, assigns, premises owners, affiliated organizations, insurers, and others acting on its behalf: Mower County Fair, its sponsors, agents, employees, officers, directors, representatives, members, assigns, premises owners, affiliated organizations, insurers, and others acting on its behalf; from any and all claims causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, demands and liabilities for any and all property damage, personal injury and/or death arising from my participation in the Mower County Fair Calf Dressing Contest Arena Event.

**STATEMENT OF AWARENESS:**

*I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.*

PARTICIPANT NAME: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

*I approve the use of any photographs taken during the Calf Dressing Contest for possible use on the Great Frontier Bull Riding Website or the Mower County Fair Website. Names will **NOT** appear with Any photo used.  
Please initial: \_\_\_\_\_*