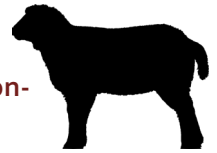




2022 Sheep Scramble Application and Release Form

Ages 9 - 14. Applications taken until classes are full. Entry fee : \$10.00 and is non-refundable. (Make checks to: Union County Ag. Society)



Contestant Information

| | | | | | | |
|---------------|--|-------|--|-------------------------|-----|--|
| Name | | | | | M/F | |
| Address | | | | | | |
| City | | State | | Zip | | |
| Date of Birth | | | | Age as of July 25, 2022 | | |
| Email | | | | | | |
| Phone | | | | | | |

If Minor, Parent/Guardian Name

Agreement To Comply with Regulations and Rules

I (participant/parent/guardian) have received a copy of the Scramble Regulations & Rules and agree to comply with them.

Acknowledgement of Risk

I (participant/parent/guardian) am aware that participation in the Scramble may be risky and dangerous. **I acknowledge and accept the risks and give permission for my/my child's participation in the Scramble. I acknowledge certain damages or injury may occur, including bodily injury and the possibility of mortal injury.** Risks include unpredictable movements by livestock and others without warning, stress on cardiovascular or musculo-skeletal systems, exposure to inclement weather resulting in heat exhaustion, heat stroke, sunburn or dehydration, and other known, unknown, and unanticipated risks.

Waiver of Liability

In consideration of the Union County Ag Society ("UCAS") permitting me/my dependent to participate in the Scramble, **I voluntarily accept all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge, and release UCAS, its directors, volunteers, agents, and employees from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever that may arise out of or in connection with my participation in the Scramble.**

Consent of Medical Care

I certify that, with or without accommodation, I am in good health, and I know of no medical reason why I am not able to participate in the Scramble. I consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, and for treatment for injuries or illness that I may sustain while participating in any activity associated with the Scramble.



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Photo/Interview Release

I grant permission to be photographed or interviewed in connection with the Scramble. I understand the photographs or interviews may be used for television, film, print, or other media. I release and indemnify UCAS for any claims related to photographs and interviews by UCAS. *(If this paragraph is marked through and initialed, I do not give my permission to be photographed or interviewed.)*

Acknowledgement

I certify that I have read, understand, and will abide by the terms of this waiver of liability. I thoroughly understand that this is a complete and final release and indemnity agreement, that I am voluntarily entering into this agreement, and that no representations, promises, or statements made by UCAS or any agent of UCAS has unduly influenced me in causing me to sign this waiver of liability.

If the person on whose behalf this waiver of liability is being executed is a minor, a parent or legal guardian also must execute the document.

| | | | |
|-------------------------|--|--------------------------|--|
| Contestant Signature | | Contestant Print Name | |
|-------------------------|--|--------------------------|--|

If Minor

| | | | |
|------------------------------------|--|-------------------------------------|--|
| Parent or Guardian Signature | | Parent or Guardian Print Name | |
|------------------------------------|--|-------------------------------------|--|

Relationship to minor

Emergency Contact: In case of emergency please contact the following:

First Contact Name:

| | | | |
|--------------|--|---------|--|
| Relationship | | Phone # | |
|--------------|--|---------|--|

Second Contact Name:

| | | | |
|--------------|--|---------|--|
| Relationship | | Phone # | |
|--------------|--|---------|--|