FAIR CONTEST — ENTRY FORM

Sack Race

CONTESTANT INFORMATION

CONTESTANT'S NAME _____ AGE _____

PARENT(S) _____ PHONE NUMBER _____

MAILING ADDRESS _____

WAIVER OF LIABILITY

We, the undersigned, waive, release, forever discharge and agree to indemnify and hold harmless the County of Graham of and from any and all manner of action, legal suits, debts, damage claims, and demands whatsoever in the law, in equity, in contract, or otherwise which participant has or may acquire by reason of injury, damage or death, which may occur before, during or subsequent to any organized contest/event sponsored by Graham County; furthermore, my signature certifies my consent to receive first aid in the course that participant is injured during participation in any said contest/event.

_____ _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18 YEARS OF AGE) DATE