CALUMET COUNTY TEAM ROPING

Entry Form

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Email Address: _____

Phone Number:_____

Circle One: HEADER HEALER

Camping: YES or NO If so what nights: _____

Waiver of Responsibility

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____

Waiver of Responsibility

The Calumet County Fair / Calumet County Agricultural Association and/or Calumet County Horse Promoters, their management, board of directors, its members or persons organizing and coordinating the event cannot be held responsible in any way for loss or damage to any person, animal, property, or equipment loss while participating in the event. I understand I am participating at my own risk. I have read and do understand and agree that my participation is voluntary and at my own risk. Minors must have a parent or guardian sign the written release before entering this event.

Print Name_____Date_____

Signature_____

If Minor, Signature of Parent_____