



**West Texas Fair & Rodeo SCHOLARSHIP Calf Scramble
Minor's Release Form
Must be LEGIBLE**

Participant Name: _____ 4-H Club/FFA Chapter: _____

Date of Birth: _____ Gender: _____ Grade: _____ Height: _____ Weight: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

I, the PARTICIPANT, will do no harm to the Calf Scramble animals in any way _____ (*initials*)

I, _____ (*parent/guardian*), do hereby consent and agree that it is satisfactory for our said minor son/daughter to compete in the SCHOLARSHIP Calf Scramble of the West Texas Fair & Rodeo on September 14, 2024. I or We, joined by our said minor son/daughter whose name appears above, do hereby consent and agree to indemnify and hold harmless said West Texas Fair & Rodeo, Expo Center of Taylor County, Referees, Participants, Sponsors, Calf Scramble Committee, and all persons individually or collectively, from any liability for bodily injury or any other damage or injury sustained or suffered while a participant in the West Texas Fair & Rodeo Calf Scramble of said minor son/daughter, _____ (*participant*) during the Scramble on September 14, 2024. We also acknowledge that we have read and will abide by the West Texas Fair & Rodeo Scramble Rules.

Signed on this _____ day of _____, 2024

Parent/Guardian Signature

Parent/Guardian Printed Name

Participant Signature

Participant Printed Name

I belong to _____ 4-H Club/FFA Chapter.

Participant Mailing Address: _____

Parent/Guardian Cell Phone: (_____) _____

Please list the events you have been involved in at the West Texas Fair & Rodeo (*year of involvement included*):

CEA/AST Name: _____ Cell Phone: (_____) _____

Extension Office/Ag Dept. Mailing Address: _____

I (*CEA/AST*) hereby certify that _____ is eligible for the SCHOLARSHIP Calf Scramble.

CEA/AST Signature: _____

ALL SIGNATURES MUST BE BONA FIDE!