

**Parent/Guardian Release and Waiver of Liability**  
**For Mutton Busting Participants**  
**\*Read Carefully\***

All Mutton Bustin' participants must be less (**not exceed**) **more than 55 lbs.** and be between the ages of 3-10 years old. Please read the MB rules & registration form for more details.

My child plans to participate in the Mutton Bustin' activities. I request that my child be permitted to participate in the activities. I agree to be present at the event and to supervise my child prior to participating in and during the event. I understand I must provide any protective gear I deem appropriate for my child. I understand that if I am not present, my child will not be allowed to participate in the event, I understand that physical contact with sheep, or being on or around sheep can be dangerous to my child and myself and could result in serious injury to my child or myself.

I for on behalf of myself and my child being fully aware of the risks involved in the activity of Mutton Bustin', I HEARBY RELEASE/WAIVE ANY CLAIM AND CAUSE OF ACTION against Rice Bull Riding Company, Dakota County Fair and its subsidiaries, affiliates, officers, directors, employees, members, agents, participants, sponsors, representatives, sanctioned entities, advertisers and anyone else involved in the event, collectively referred to as the "releases". I FURTHER HOLD THE "RELEASES" HARMLESS AND RELEASE THE "RELEASES" FROM ALL LIABILITY to my child, to me, my spouse, my personal representatives, assigns, heirs and next of kin for any and all loss or damage and any claim or any demand on account of any injury to the participant including, but not limited to, death whether caused by the negligence of the "Releases" or otherwise while I am in or upon the restricted and/or competing, observing, working for any purpose participating in the event.

The "restricted area" is defined as the area in or around arena, chutes, staging area and approach thereto and all walkways, concessions and other areas pertinent to any such area where activity related to the event shall take place.

**Please fill out the following information for each participant:**

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male or Female

Parents Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_