

**SHEEP RIDER
PARTICIPANT INFORMATION
\$10.00 per night**

Arena Managers: _____
GREAT FRONTIER BULL RIDING COMPANY, INC.

It is hereby agreed to as follows:

1. I, the undersigned, do for myself voluntarily agree to have my minor child participate in the arena event.
2. I, the undersigned, and my minor child, are participating in the arena event at my own risk, and my minor child's, and we will be responsible for serious injuries and/or death, or property damage that may occur on the property.
3. I, the undersigned, will be responsible for any and all costs and damages incurred by me, or my minor child, for serious injuries and/or death, or property damage that may occur and that I am currently covered by accident-medical insurance coverage now in force.
4. I, the undersigned, do carry personal liability insurance now in force.
5. I, the undersigned, am a parent or legal guardian of the below named minor child and are of legal age.

Further, I am legally responsible for the negligent acts of my family members and/or legal ward.

RELEASE WAIVER: I hereby, for myself, my family members, my heirs, administrators, personal representatives, and assigns, do agree to hold harmless and discharge, waive, release, and covenant not to sue the Great Frontier Bull Riding Company, Inc., its sponsors, agents, employees, officers, directors, representatives, members, assigns, premises owners, affiliated organizations, insurers, and others acting on its behalf; the Mower County Fair, its sponsors, agents, employees, officers, directors, representatives, members, assigns, premises owners, affiliated organizations, insurers, and others acting on its behalf; from any and all claims, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, demands and liabilities for any and all property damage, personal injury and/or death arising from my participation in the Mower County Fair Sheep Riding Arena Event.

STATEMENT OF AWARENESS:

I, THE UNDERSIGNED, ARE PARENT OR LEGAL GUARDIAN OF THE BELOW NAMED MINOR, AND HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

CHILD NAME: _____ AGE _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

PHONE: () _____

DOB: ___/___/___ DATE: _____

*I approve the use of any photographs taken of my minor child during the Sheep Riding Event for possible use on The Great Frontier Bull Riding Website. Names will **NOT** appear with any photo used.
Please initial: _____*

CIRCLE WHICH NIGHT YOU WILL BE ENTERING

FRIDAY 8/9/24 SATURDAY 8/10/24 TOTAL DUE \$ _____