(Office Use Only) EXHIBITOR NUMBER

GENERAL EXHIBIT ENTRY FORM

(Please See "How to Enter" in the Exhibitor's Handbook)

August 28 – September 1, 2024

ENTRY DEADLINE IS AUGUST 5, 2024

Walla Walla Fair & Frontier Days PO Box G Walla Walla, WA 99362 (509)527-3251 or (509)527-3247 www.wallawallafairgrounds.com

(Please Print Exhibitor's N						*_Check if New Address
Mailing Addre	ss			City	State	Zip Code
Phone Numb	er	<u> </u>		Exhibitor Date of Birth	Grade	
Email Addres	SS:					
Club Name					County	
after the dea liability from lo agree to the t	<u>dline cann</u> oss, damage erms said th	ot be guaranteed e, or injury to lives	<u>f.</u> The owner of tock or other pr	e specified in the Exhibitor's Handbook exhibit(s) releases Walla Walla County and operty while such is on the Walla Walla Co	d the Walla Walla F ounty Fairgrounds. I	air & Frontier Days from any have read the foregoing and
				(Parent or 0	Guardian must sign	if entrant is under 18 years old)
Sub Classes: 4-H FFA Grange				Monday September 4, 2023, 199 OCY (Open Class Youth) AOC (Advanced Amateur Open Class Dept. 5 Grange Age as of January 1, 202: 199 Beginners: 5 to 7 years of Junior: 8 to 10 years of Intermediate: 11 to 13 years of Senior: 14 to 19 years	7:00 am-1:00 OC (Open of pools) POC (Production of age of age	pm Class Adult)
Sub Class (see above)	Dept. #	Division	Class	Description of Article. Use exa	ct wording of the E	Exhibitor's Handbook.
(see above)				·		

~ PLEASE MAKE A COPY OF THIS FORM SO YOU KNOW WHAT YOU ENTERED ~

GENERAL EXHIBIT ENTRY FORM

(Please See "How to Enter" in the Exhibitor's Handbook)
August 28 – September 1, 2024

WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

Please initial in the boxes	<u>on the left and sign below.</u>	
1 1	he county accepting this entry, I,	, the
	myself, my heirs, executors, administrators, and or a any injury to my person or property and waive and re	
	es I may have against Walla Walla County, its agen	
employees, and sponsors for	or any and all injuries and damages suffered to me	or my property in, or
arising out of, this event or o	during any transit to/from this event.	
Further, I hereby agr	ree to hold harmless, indemnify and defend Walla V	Valla County, its
agencies, agents, officers, e	employees, and sponsors from any claims of third p	arties arising out of
my participation in this even	nt or during transit to/from this event.	J
Further state that I had	ave read the foregoing agreement, I understand it,	and have signed the
same of my own free act.		
* If the participant is under	r age 18, the participant's parent/legal guardian i	must initial and sign
• • • • • • • • • • • • • • • • • • •	uardian of the above child. I consent to his/her parti	
attached event.	·	•
I understand that due to gov	vernmental directives, public health regulations or ca	apacity restrictions. my
	024 Fair & Frontier Days may be subject to addition	
canceled.		
I further consent, ratify and j	oin the above release.	
Date:		
Drint Darticipant's Name		
Print Participant's Name: _		
Participant Signature: _		
Print Parent/Guardian Name	e:	

Parent/Guardian Signature: