2026 Car Show Entry

Name: _____ Car Owned By: _____

Address: _____ Email: _____

City: _____ State: _____ Phone: _____

Make: _____ Model: _____ Year: _____

Day you would like to attend. (Please check your choice)

☐ Friday, September 4th ☐ Saturday, September 5th

Forms must be complete, including initialed & signed waiver below.

Must be pre-Registered. Entries are limited to 18 cars per day.

Show Date: Friday, September 4 & Saturday, September 5, 2026

3:00PM- 6:00PM

Each registered entrant will receive:

2 one-day gate passes

Two Favorite Cars will be picked by WWFFD Royalty each day.
Winners will receive a picture of your car with the Royalty and you.
(Photo will be emailed out after fair)
Winners will also receive 2 tickets for that evening's rodeo performance.

WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

Please initial in the boxes on the left and sign below.

In consideration of the county accepting this entry, I, _____, the undersigned, intending for myself, my heirs, executors, administrators, and or assigns, to be legally bound, assume all risks of any injury to my person or property and waive and release any and all rights and claims for damages I may have against Walla Walla County, its agencies, agents, officers, employees, and sponsors for any and all injuries and damages suffered to me or my property in, or arising out of, this event or during any transit to/from this event.

Further, I hereby agree to hold harmless, indemnify and defend Walla Walla County, its agencies, agents, officers, employees, and sponsors from any claims of third parties arising out of my participation in this event or during transit to/from this event.

Further state that I have read the foregoing agreement, I understand it, and have signed the same of my own free act.

**** If the participant is under age 18, the participant's parent/legal guardian must initial and sign.***

I am the parent or guardian of the above child. I consent to his/her participation in the attached event.

☐ INITIAL

I understand that due to governmental directives, public health regulations or capacity restrictions, that my ability to participate in the 2025 Fair & Frontier Days may be subject to additional restrictions or canceled. I further consent, ratify and join the above release.

DATE: _____

PRINT PARTICIPANT'S NAME: _____

PARTICIPANT SIGNATURE: _____

PRINT PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Please return completed entry forms to:
Walla Walla Fair & Frontier Days
P.O Box G. Walla Walla, WA 99362

Questions? Please call (509) 527-3247 or Maggie (509) 200-6455

Entry Deadline

August 28, 2026