

## Owen County Hog Wrestling Contest Release Form

I hereby release the Owen County Fair Association, its member association and all other sponsoring organizations from any claim I may have by reason of damages or injuries I may sustain while participating in the 2008 Owen County Fair Hog Wrestling Contest.

In the event that my son/daughter should for any reason require minor medical treatment and/or any medication during the course of his/her participation in this event. I authorize such physician or medical staff as may be appointed or designated to carry out the necessary treatment. Cost is \$25.00 Per Team

Team Name: \_\_\_\_\_

1. Participant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Contact Information \_\_\_\_\_ Phone \_\_\_\_\_

2. Participant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Contact Information \_\_\_\_\_ Phone \_\_\_\_\_

3. Participant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Contact Information \_\_\_\_\_ Phone \_\_\_\_\_

4. Participant \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Contact Information \_\_\_\_\_ Phone \_\_\_\_\_