

APPLICATION FOR GOAT SCRAMBLE CONTEST

Entries Close at 4:00 p.m. Tuesday, July 23, 2024

Entry Fee \$2.00

NOTE: No one but authorized personnel are allowed within the fences in front of the Grandstand.

Ages 6-12

Name of Applicant (please print) _____

City and State of Residence _____

The above named applicant hereby makes application to enter the Edgar County Fair Goat Scramble Contest.

- 1. MY AGE as of August 1, of this year _____ (YOUR AGE MUST BE ON APPLICATION)**
- 2. I will follow and abide by all instructions expressed by the Scramble Chairperson and his/her representatives-both prior to and during the contest.**

Signature of Applicant _____

Parent or Guardian

As the Parent or Legal Guardian of the above named applicant:

- 1. I hereby grant my consent and approval of the above named applicant to participate in the goat scramble.**
- 2. I will accept responsibility for all rules given by the Scramble Chairperson prior to the event, to be fully understood and followed by the applicant.**
- 3. In case of accident or injury during the contest, I will accept full responsibility for the above named applicant. The Edgar County Fair and officials will not in any way be held liable.**

Signature _____

City and State _____ Date _____

Phone Number _____