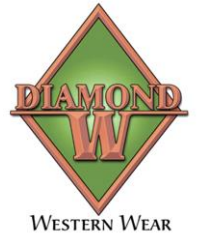




STEER RIDDING ENTRY FORM & WAIVER

NBC Independence Day July 3, 2021 - Weaverville, California



Contestant's Name: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Mother's Name: _____ Phone: (____) _____

Father's Name: _____ Phone: (____) _____

Address: _____

PLEASE READ AND INDICATE YOUR AGREEMENT BY INITIALING EACH ITEM

1. Entry form must be fully and accurately completed along with a copy of your Driver's License.
2. Children between the ages of 10 to 15 may enter in the STEER RIDDING contest.
3. Permission and full waiver and release of any and all liabilities associated with participating in the STEER RIDDING contest is required by Contestant's parent or guardian.
4. All entries selected must have and wear protective gear, including a helmet, protective vest, and a mouthpiece.
5. You and your child are required to check in with the STEER RIDDING Director starting at 6:00 PM, but no later than 6:30 PM on the date of the performance. Please check in at the Diamond W Tent located at the entrance to the event.
6. Family members of the contestant need to purchase tickets to the event. We suggest Reserved Ringside Seats, which allow you close-up view.
7. The winner of the STEER RIDDING contest shall receive a handmade championship buckle and cash prize, courtesy of Diamond W Western Wear.
8. A stock fee of \$40 per STEER RIDDING entry is required. Entries shall be filled on a "first pay basis".

AGREEMENT, WAIVER & RELEASE

I, _____, certify under penalty of perjury, that I am the parent, or legal guardian of the above named minor contestant. I agree to allow _____, who is a minor, to participate in the STEER RIDDING Contest at the 2021 NBC Independence Day. I am fully aware of all the risks associated with participating in such contests. I do hereby waive, release, and discharge any and all claims for damages, including but not limited to, personal injury, death, or personal property. I agree to waive and release Diamond Productions, Diamond W Western Wear, Trinity County Building and Grounds, all Sponsors, and all other entities and persons associated with this event, from any and all liabilities. I understand that this release shall also be binding on behalf of the above named minor.

I further agree to authorize medical treatment or medical procedures to the above named minor in case of an emergency during this event.

Parent or Guardian Signature _____ Date _____

<input type="checkbox"/> Credit Card #: _____ Exp: _____ Code: _____	You may mail, fax, or e-mail your form to: info@dpsshows.com
<input type="checkbox"/> Enclosed Check #: _____	
<input type="checkbox"/> Cash Paid (in Person Only)	

For Office Use Only	
Received by: _____	
Date: _____	
Date Paid: _____	
Contestant No: _____	