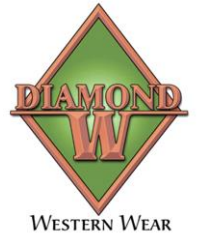




STICK HORSE RACE ENTRY FORM & WAIVER

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 **4 and under** may enter in the STICK HORSE RACE contest.
3. Permission and **full waiver** and release of any and all liabilities associated with participating in the STICK HORSE RACE contest is required by Contestant's parent or guardian.
4. All entries selected must **bring their own stick horse**. Stick horses may be purchased at the event.
5. You and your child are required to **check in** with the STICK HORSE RACE 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. All contestants receive a participant medal, courtesy of Diamond W Western Wear.
8. A fee of **\$10** per STICK HORSE RACE 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 STICK HORSE RACE 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: _____	_____