

CALF RIDING ENTRY FORM & WAIVER

NBC Finals – September 14, 2024 Silver Dollar Fairgrounds, Chico, California



Contestant's Name:			
Date of Birth:	Age:	Weight:	Height:
Mother's Name:		Phone: ()
Father's Name:		Phone: ()
Address:			
PLEASE READ AND	INDICATE YOUR AGREE	MENT BY INITIALI	NG EACH ITEM
1. Entry form must be fully and accu	,	· · · ·	
2. Children between the ages of 7 to			
3. Permission and full waiver and re	•		ith participating in the STEER
RIDDING contest is required by the 4. All entries selected must have an			nrotective vest, and a
mouthpiece.	a wear protective gear, i	merading a nemici	e, protective vest, and a
5. You and your child are required t	o <mark>check in</mark> with the CALF	RIDING Director	starting at 5:30 PM, but no later
than 6:00 PM on the date of the	performance. Please che	ck in at the Diamo	ond 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 a close-up view of the event 7. The winner of the CALF RIDING contest shall receive a championship buckle, courtesy of Diamond W			
Western Wear.			
8. A stock fee of \$50 per CALF RIDIN	IG entry is required.		
9. There are limited number of spot			"first pay basis".
	AGREEMENT, WAIVER	& RELEASE	
I,, ce	ertify under penalty of pe	erjury, that I am th	ne parent, or legal guardian of the
above-named minor contestant. I agree	ee to allow		, who is a minor, to participate
in the CALF RIDING Contest at the 202			
with participating in such contests. I		•	•
including but not limited to, personal	• • •		
Productions, Diamond W Western We associated with this event, from any	_		·
behalf of the above-named minor.	and an nabilities. I und	lerstand that this	release strait also be billuling of
I further agree to authorize medical t	reatment or medical pr	ocedures to the a	above-named minor in case of an
emergency during this event.	μ		
Parent or Guardian Signature		Date	
Condit Condit		C1 -	For Office Use Only
☐ Credit Card #:	Exp:	Code:	Received by:
☐ Enclosed Check #:	You may mail, fax, or o	e-mail vour form	
☐ Cash Paid (in Person Only)	info@dpsh	•	Date Paid:
Note: Application and payment DOFS NOT			Contostant No: