



STICK HORSE RACE ENTRY FORM & WAIVER

NBC Independence Day - July 1, 2023 Lowden Park, 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 5:30 PM, but no later than 6:00 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 2022 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 _____

Credit Card #: _____ Exp: _____ Code: _____

Enclosed Check #: _____

Cash Paid (in Person Only)

You may mail, fax, or e-mail your form to:
info@dpsshows.com

Note: Application and payment DOES NOT guarantee an entry, unless you receive a confirmation.

For Office Use Only

Received by: _____

Date: _____

Date Paid: _____

Contestant No: _____