



## Deltana Fair Rodeo Registration Form

Saturday July 27<sup>th</sup>

2 p.m. Arena on Fairgrounds

Mail to PO Box 408 Delta Jct, AK 99737  
Or email to [info@deltanafair.com](mailto:info@deltanafair.com) and pay online

Cost is \$10 per event

### Toddler Events:

- Stick Horse Race
  - Goat Ribbon Pull
  - Mutton Bustin'
- (3-6 years old 50Lb limit)

### Junior Events: 6-10 Years

- Goat Ribbon Pull
- Pole Bending
  - Barrels

### 11-15 Years old

- Goat Ribbon Pull
- Pole Bending
  - Barrels

### 16 & Up:

- Goat Ribbon Pull
- Pole Bending
  - Barrels

Number of events \_\_\_\_\_ Total \$ \_\_\_\_\_ Paid \_\_\_\_\_



# 2019 Deltana Fair Rodeo Waiver



I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of athletes' equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Emergency Medical Services and the event of holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Deltana Fair and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsor, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

### **PARENT/GUARDIAN WAIVER FOR MINORS**

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and the parents or legal guardian.

### **AUTHORIZATION FOR MEDICAL TREATMENT**

*This release will authorize Emergency Medical Services to provide medical treatment in the event of an accident or illness while participating in the recreation program of the Deltana Fair. I understand that these services are provided on a fee basis.*

**THIS WAIVER PERTAINS TO ALL DELTANA FAIR ACTIVITIES FROM JULY 27-29, 2018.**

**I HAVE CAREFULLY READ THE ABOVE STATEMENTS.**

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Phone #: \_\_\_\_\_ Name of Insurance Provider: \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian are required to be present for the event.**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Age on date of competition: \_\_\_\_\_

**Registration must be received no later than July 22nd by 5:00 PM. NO EXCEPTIONS!!! Limited Spots!!!!**

Official Use Only	
Weight: _____	Payment: _____
Waiver Completed: _____	P/G Present: _____