

Team Pack Horse Race

For information call Robby or Chris Stacy 541-540-2256 or Sarah Melchoir 541-228-7803, sarahmelchior14@gmail.com

Contestant No. 1

Name _____

Address _____

Cell Phone _____

Email _____

Contestant No.2

Name _____

Address _____

Cell Phone _____

Email _____

How did you hear about the race?

Names of the horse: _____ Name of Mule: _____

We the undersigned parents/guardians/contestant (circle one) _____

_____, give the ambulance, hospital and physicals or medical staff permission to administer necessary treatment of injuries incurred while participating in the Team Pack Horse Race. We do hereby release and discharge the stock contractor, Halfway Rodeo Grounds, Board members, officers, volunteers or representatives of any and all claims, damages, suits, actions or cause which may, can and shall have by reason of illness, injury or accident incurred or suffered by said individual while participation in any activity related to the Pine Valley Fair & Rodeo or Halfway Pack Horse Race. I also assume and accept full responsibility for any damages done by my child, myself or my pack animals at the Halfway Fair Grounds. The Contestant agrees to this waiver clause.

Contestant No 1. _____ printed name _____

Contestant No 2. _____ Printed name _____