



# GROCERY GRAB AND CARRY THROUGH THE SHOWRING

Contestant Age – 3 to 6 years old  
REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **WAIVER OF LIABILITY**

WE, THE UNDERSIGNED, WAIVE, RELEASE, FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE COUNTY OF GRAHAM OF AND FROM ANY AND ALL MANNER OF ACTION, LEGAL SUITS, DEBTS, DAMAGE CLAIMS, ANND DEMANDS WHATSOEVER IN THE LAW, IN EQUITY, IN CONTRACT, OR OTHERWISE WHICH PARTICIPANT HAS OR MAY ACQUIRE BY REASON OF INJURY, DAMAGE OR DEATH, WHICH MAY OCCUR BEFORE, DURING OR SUBSEQUENT TO ANY ORGANIZED CONTEST/EVENT SPONSORED BY GRAHAM COUNTY: FURTHERMORE, MY SIGNATURE CERTIFIES MY CONSENT TO RECEIVE FIRST AID IN THE COURSE THAT PARTICIPANT IS INJURED DURING PARTICIPATION IN ANY SAID CONTEST/EVENT.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date