WARRICK CO. 4-H FAIR MUD VOLLEYBALL/ DODGEBALL CONTEST PARTICIPANT WAIVER/PARENTAL RELEASE FORM

Participants Under Age 18 MUST have Parental/Guardian Consent

I hereby release the Warrick County 4-H Center, its member association and all other sponsoring organizations from any claim I (or my son/daughter) may have by reason of damages or injuries sustained while participating in the Warrick County Mud Volleyball /Dodgeball Contest.

In the event that I (or my son/daughter) should for any reason require any medical treatment and/ or any medication during the course of participation in this event, I authorize such physician or medical staff as may be appointed or designated to carry out the necessary treatment.

NO ONE ALLOWED IN OTHER AREAS OF THE FAIR WITH WET CLOTHES Outside showers are available, bring change of clothes.

TEAM NAME:		
Participant Name:	Age:	DOB:
Signature of Participant or Parent/guardian (if unde	er age 18):	
Home Phone Number:	Cell Phone Number:	
Participant Name:	Age:	DOB:
Signature of Participant or Parent/guardian (if unde	er age 18):	
Home Phone Number:	Cell Phone Number:	
Participant Name:	Age:	DOB:
Signature of Participant or Parent/guardian (if unde	er age 18):	
Home Phone Number:	Cell Phone Number:	
Participant Name:	Age:	DOB:
Signature of Participant or Parent/guardian (if unde	er age 18):	
Home Phone Number:	Call Phone Number:	