



Crossfield Rodeo Society – PO Box 871 Crossfield, AB. T0M 0S0 - info.peteknightdays@telus.net

CROSSFIELD WILD PONY ENTRY FORM

NO CHILD WILL BE ABLE TO PARTICIPATE WITHOUT PARENTAL CONSENT.

RULES: - WAIVER MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN

- PARTICIPANT MUST BE BETWEEN 8-12

- CHILDREN MUST WEAR A HELMET

- \$10.00 entry fee per child. Prepaid to the above e-mail.

(Please send 1 payment for the whole team and list team name in the message area)

Team Name: _____

Participant #1: _____ Participant #2: _____ Participant #3: _____

WAIVER:

I, the participant's parent/guardian, have read and agree to the rules outlined above. I, the parent or guardian acknowledge that it is possible to injure oneself in participation in any activity. I, the parent/guardian give my permission for my child to participate in the Crossfield Pete Knight Days Rodeo Wild Pony event at their own risk. The Crossfield Rodeo Society, it's members or volunteers will not be held liable for any loss, damages or injuries my child may receive during the Crossfield Pete Knight Days Rodeo Wild Pony event.

Date: _____

Date: _____

Name of Participant: _____ Age: _____
(please print)

Name of Participant: _____ Age: _____
(please print)

Participant's Parent/Guardian: _____
(please print)

Participant's Parent/Guardian: _____
(please print)

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Name of Participant: _____ Age: _____
(please print)

Participant's Parent/Guardian: _____
(please print)

Parent/Guardian Signature: _____

OFFICE USE: _____