

Kodiak Rodeo Entry Form - Labor Day

Kodiak Rodeo and State Fair Board

PO Box 507, Kodiak, AK 99615

(907) 486-4440

Kid's Calf Scramble

Contestant(s) with the same Parent and/or Legal Guardian:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Address: _____ Phone Number: _____

ALL DISPUTES WILL BE DECIDED OUTSIDE THE ARENA AFTER THE PERFORMANCE.

Waiver of Liability

I, the undersigned, agree not to hold the Kodiak Rodeo and State Fair Association or the Kodiak Island Borough liable for any property damage, personal injury, illness, or losses which may result due to normal negligence in the production of this rodeo event or associated activities.

Date: _____

Parent or Guardian Signature

Secretary Use Only

Waiver Signed & Dated? <i>Secretary Initials:</i> _____	Stamp <i>Secretary Initials:</i> _____
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