

Shenandoah County Fair Annual Pig Scramble
Friday August 25, 2017
2017 REGISTRATION FORM

NAME of CHILD _____ PHONE _____

ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ AGE _____

AGE GROUP ENTERED: (circle one) 3 and 4 yrs. 5 and 6 yrs. 7 and 8 yrs.
(Absolutely no child over 8 years of age can participate).

Registration opens @ 5:00 PM. You must be registered by 6:45 PM to participate. **NO EXCEPTIONS.** Scramble begins at @ 7:00 PM with 7 / 8 years age group. **TO AVOID LONG LINES – PLEASE PRINT THIS FORM**, fill it out, & hand in at the Registration table or mail to: Shenandoah Co. Fair, PO Box 264, Woodstock, Va. 22664 or Fax to the Fair Office at 540-459-4600 or email to shenfair@shentel.net.

Checklist:

- 1) **Bring a suitable container/pet carrier box to transport a 30-45 lb. pig**
- 2) **There is no storage area for the evening. Pigs must be removed by 9PM**
- 3) **Do not store pig in vehicle in the evening – August weather temps can be extreme!**
- 4) **Make sure your child is wearing appropriate ‘junky’ clothes – old t’s, no sandals, etc....!**
- 5) **Plan on bringing a change of clothes/towels/ wet ones... for cleanup of child so they can enjoy the rest of the evening at the Fair!**

HOLD HARMLESS AGREEMENT

***RELEASE:** * I know that allowing my child to participate in the Pig scramble can be a potentially hazardous activity. My child should not register and/or participate unless they are medically and physically able. I assume all risks associated with my child participating in the Pig Scramble including – but not limited to – falls, contact with other participants and the effects of the weather (including high heat and/or humidity) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release the Shenandoah County Fair Association, Inc., Shenandoah County, any and all directors, staff, partners, sponsors, officials, volunteers, and their representatives and successors from all claims and liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver

This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the Pig Scramble, is in good medical and physical condition, and that the Shenandoah County Fair Association, Inc. employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned to use any photographs, motion pictures, or any other record of my child for any legitimate purpose.

Parent name: (print) _____

Parents Signature: _____ Date ____/____/2017