

**DEPARTMENT # 3**  
**2019 COSHOCTON COUNTY FAIR**  
**STABLED DRAFT SHOW WAIVER AND ENTRY FORM**  
**Wednesday, October 2<sup>nd</sup>, 2019**  
**ONLY ONE EXHIBITOR PER ENTRY FORM**

**Release of Liability Statement for Shows & Events:**

I understand the risks, hazards and inherent in this Equine activity including the possibility of injury or death. I agree for myself and my heirs to release and hold harmless, defend and identify the Coshocton County Agricultural Society or Coshocton County Fairboard, its trustees, officers, agents, employees and volunteers and activity stewards from and against all claims, demands, action and causes of action as a result of personal injury, death, or property damage sustained by me or others as a result of my participation. I bring my animals at my own risk and I am aware of the hazards associated with participation and with the handling of animals. I will be financially responsible for physical or financial damage done by my animals of myself to another person or property.

**STATEMENT OF AWARENESS**

**I, THE UNDERSIGNED, BEING OF LEGAL AGE, OR THE PARENT OR LEGAL GUARDIAN OF A MINOR CHILD, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.**

**EACH LEGAL AGE PARTICIPANT, PARENT OR LEGAL GUARDIAN OF A MINOR PARTICIPANT MUST SIGN BELOW:**

**Name of Participant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Signature of Guardian** \_\_\_\_\_ **HOME PHONE:** (    ) \_\_\_\_\_

**CELL PHONE:** (    ) \_\_\_\_\_

DEPT./BOOK	CLASS	HORSE'S NAME & HANDLER	ENTRY FEE
SAMPLE : Dept. 2, Book 1			

<b>Stall Requested (If Available)</b>	<b>Exhibitor Pass @ \$45.00</b>	<b>\$</b>
<b>Is Your Horse Entered In 4-H Also?</b>	<b>Class Entry Fee Total</b>	<b>\$</b>
<b>Tack Stall (If Available)</b>	<b>TOTAL Money Due</b>	<b>\$</b>
	<b>MONEY &amp; ENTRIES DUE 9.14.2019</b>	