

2024



GREASED PIG CONTEST

NAME: _____

ADDRESS: _____

CITY, STATE: _____

PHONE NUMBER: (_____) _____

AGE: _____

I, _____ give permission and accept full responsibility for _____ to participate in the RANDOLPH COUNTY FAIR GREASED PIG CONTEST.

I understand and agree to release the Randolph County Fair, event sponsors, or any other individuals associated with this event from liability and for personal injury that may occur during participation in this event.

Signature Date

Signature of Parent or Guardian Date

(Signature of parent or guardian MUST sign if participant is under the age of 18.)