

TRICYCLE RACE

Entry Blank

SPONSORED BY COAST HARDWARE "DO IT BEST"

Mariposa District Fair and Homecoming

State of California Department of Food and Agriculture
35-A District Agricultural Association

SUNDAY, SEPTEMBER 4, 2016

4 PM

ENTRY LIMITED TO AGES 2, 3, 4, 5 16 PARTICIPANTS PER AGE GROUP.

Entry blanks will be accepted on a first come, first serve basis until all openings have been filled or until 2 PM, Sunday, September 4, 2016, whichever comes first. Age as of September 4, 2016 applies.

IN ADDITION, EACH CONTESTANT MUST SIGN IN WITH EVENT COORDINATOR AT THE OUTDOOR DANCE SLAB JUST PRIOR TO THE START OF THE EVENT.

I agree to indemnify and save harmless the 35-A District Agricultural Association, the State of California, their officers, agents, servants, and employees from any and all claims, causes of action and suits accruing or resulting from any damage, injury or loss to participant, heirs, representatives or dependents including but not limited to injury and loss of property caused by, arising out of or in any way connected with the participation in this Tricycle Race.

I understand that participants are not covered by the State public liability or property damage insurance. Personal insurance coverage is at the prerogative of each individual contestant.

The 35-A District Agricultural Association reserves the right to alter the rules, events and conditions without personal notice of such change.

Race will be conducted at 4 PM, Sunday, September 4, 2016 on the outdoor dance slab in front of the Amigo Stage using four hot-wheel tricycles. There will be five (5) heats of four (4) children for each age group. Winners of the first four (4) heats will compete for the grand prize in the fifth heat.

CONTESTANTS ARE TO POWER THEIR OWN TRICYCLE. NO PUSHING OR OTHER HELP FROM SPECTATORS.

**WINNER OF EACH AGE GROUP WILL RECEIVE A HOT-WHEEL TRICYCLE
DONATED BY COAST HARDWARE "DO IT BEST"**

I accept the conditions of the Tricycle Race as outlined above.

NAME OF CONTESTANT _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

AGE GROUP: 2 () 3 () 4 () 5 ()

SIGNATURE OF PARENT OR GUARDIAN _____

FOR OFFICE USE ONLY	
AGE GROUP:	2[] 3[] 4[] 5[]
CONTESTANT NUMBER:	#
ALTERNATE NUMBER	#