

I am a NEW Exhibitor Yes () No ()

BRACEBRIDGE AGRICULTURAL SOCIETY

P.O. Box 53, Bracebridge, ON, P1L 1T5 Telephone: (705) 645-8383 E-mail: bracebridgefair@hotmail.com

Website: www.bracebridgefair.com

	MEMR	Date: _ ERSHIP & ENTRY FORM	
Name:		EXSIII & ENTRI FORM	
Mailing Address:			
Phone #:		Email Address:	
	HOLI	HARMLESS AGREEMENT	
In consideration of the app their members, agents, and may arise out of, or may attracts he may be liable, howse In consideration articles bein	licant being permitted to participate employees from and against all claribute to, all operations performed between caused. In expension of the performed in the performance	exhibit articles at the Fair of the BRACEBRIDGE AGR e, the undersigned hereby releases the BRACEBRIDG ims, demands, losses, costs, damages, actions, suits, or pay or carried out by the undersigned, his agents, employees colutely declare that the articles and animals listed below are as required by the Rules and Regulations of the Society	E AGRICULTURAL SOCIETY, proceedings by any third party that es, or servants, or anyone for whose and so entered by me for exhibition
I/We hereby confirm	that there is liability coverage in f	orce with respect to the ownership of the competing as	sets, exhibits and/or horse(s).
Yes () No ()	Insurance Company	Policy No.	_
	insurance Company	Policy No.	
		Signature	
Note: If the proposed pa	erticipant is 16 years and under, this	form must be signed by a parent or guardian.	

Class Number	Section	Description	
			Membership Fee 5.00
			Entry Fee
			Total Paid

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