



BRACEBRIDGE AGRICULTURAL SOCIETY

P.O. Box 53, Bracebridge, ON, P1L 1T5

Telephone: (705) 645-8383

E-mail: bracebridgefair@hotmail.com

Website: www.bracebridgefair.com

#

Date: _____

**APPLICATION TO PARTICIPATE AND RELEASE
HORSE FUN & GAMES**

Participant's Name: _____ Phone #: _____

Mailing Address (Home): _____

Name of Horse: _____

Name of Owner: _____ Email Address: _____

TERMS & CONDITIONS: PLEASE READ CAREFULLY BEFORE SIGNING

If the proposed participant is under 16 years of age, this form must be signed by a parent or guardian. This form contains a release of claims against the Fall Fair organizers in the event the participant is injured or there is damage to your property. All exhibitors must carry liability insurance. We confirm that there is liability coverage in force with respect to the ownership of the competing horse(s).

Yes () No () _____
Name of Insurance Company

Policy No _____

Check the Class(es) you wish to enter:

- Children 12 & Under** **Entry fee - Free**
- 1. In-hand Trail ()
 - 2. Lead-line Trail ()
 - 3. Tack Up ()

- Junior 18 & Under** **Entry fee - \$5.00/game**
- 4J. Flower Power ()
 - 5J. Boots-in-the-Bucket ()
 - 6J. You've Got Mail ()
 - 7J. Roadside Assistance ()
 - 8J. Special Delivery ()

- Senior 19 & Over** **Entry fee - \$5.00/game**
- 4S. Flower Power ()
 - 5S. Boots-in-the-Bucket ()
 - 6S. You've Got Mail ()
 - 7S. Roadside Assistance ()
 - 8S. Special Delivery ()

- Saddle Up Challenge** **Entry fee - \$10.00**
- 9A. Saddle Up Challenge – set course ()
 - 9B. Saddle Up Challenge – gambler's choice ()

- Garden Cart Challenge** **Entry fee - Free**
- 10. Garden Cart Challenge ()

Membership Fee - \$5.00 \$ _____ (n/a for Classes 1 – 3, 10)

Total Paid: \$ _____

The undersigned applicant or parent/guardian or both, hereby apply to participate in the above-named event(s). In consideration of the applicant being permitted to participate, the undersigned of each of them hereby release the BRACERBIDGE AGRICULTURAL SOCIETY, its officers, directors, members, employees and voluntary workers and their heirs, personal representative, successors and assigns of each of them from all manner of actions, causes of actions, suits, debts, accounts, covenants, contracts, claims and demands whatsoever arising out of the participation of the applicant in the Society's Fall Fair at Bracebridge, Ontario in general and the particular event(s) listed above.

IN WITNESS WHEREOF, each of the undersigned has hereunder set his/her hand at the date set out above.

Participant. I am 16 years or older

Parent / Guardian if participant under 16 years