

Wisconsin River Pro Rodeo Queen Contestant Agreement

By my signature on this application, I hereby certify that I have read the regulations governing the Wisconsin River Pro Rodeo Queen Contest; that my conduct as a contestant will be in strict accordance with the regulations established by the rodeo committee, and that I acknowledge these regulations to prevail throughout all the rodeo queen competition and reign if applicable, all activities and functions, and said regulations pertain to all persons related to my appearance in the contest. If the regulations and conduct is not followed according to the committee, it will be up to the committee's discretion on the contestant's further participation.

I hereby grant permission to the committee to verify any information contained on my application. I hereby release the committee from all responsibility of injury or loss to persons or property involving me or persons related to my appearance in the contest (and reign if applicable) and which applies also to heirs, assigns, executors or administrators for me or persons relative to my appearance and that such release shall include all accredited sponsors, commercial and private, of the contest and all officers, directors, member individuals of the Lincoln County Rodeo Association, Inc. and groups associated with the Wisconsin River Pro Rodeo.

I hereby release my title, claim and rights to photographs and/or public relations material involving me to the committee. (We will try and return all photos you submit)

Failures on my part to disclose this information to the committee will automatically disqualify me from participating in the contest, and prizes of any kind, which I may receive, will be returned to the committee. The committee will be released from any and all liability resulting from my actions.

I hereby affix my signature attesting all statements I make in this application are true, knowing any false information will automatically disqualify me from any and all participation.

Contestant Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Signature of Parent or Guardian _____ Date _____

Subscribed and sworn to me, a Notary Public, within and for the county of _____, This _____ Day of _____, 20____.

Signature of Notary Public: _____

Seal: _____ My term expires: _____