

Registration for age groups 5-8 and 9-12

Contestant's age group: _____

Contestant's name: _____

Release of Liability: I accept and assume full liability for any injury to my child caused during the greased pig contest. By signing this form, I agree to release Albert City Threshermen & Collectors Association from any liability.

Parent Signature: _____ Date: _____

Registration for age groups 13-17 and 18+

Teams' age group: _____

Team Number: _____

(Please leave blank – a number will be assigned to your team)

Team Member Name: _____

Team Member Name: _____

Release of Liability: I accept and assume full liability for any injury to me caused during the greased pig contest. By signing this form, I agree to release Albert City Threshermen & Collectors Association from any liability.

Team Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Team Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____