

Little Mister & Little Miss Contest Entry Form

Date _____

Full Name _____

Birthday _____ Age _____ Grade _____

Name of siblings _____

Color of hair _____ Color of eyes _____

Favorite Color _____ Favorite Food _____

Favorite TV Show _____

Favorite Toy/Game: _____

What would you like to be when you grow up? _____

Little Mister and Little Miss Contest

Parent or Guardian Consent For Minor Children

Parent(s) Guardian(s) _____

Address _____

Parent/Guardian phone # _____ email: _____

For entry to be accepted, Parents and/or guardians must read, sign and date this contest form

We have read the rules and regulations governing the contest and agree to abide by them.

I _____
(Parent/Guardian Name)

Do Hereby authorize our child/ward _____
(Participant's Name)

to participate in the Little Mister and Little Miss Contest and Activities. We understand that if selected as Little Mister and Little Miss, our child/ward will be obligated to indemnify and hold harmless the Waller County Fair Association, Rock Island 4-H, Waller County 4-H and the Little Mister and Little Miss committee, and any and all from claims for damages to person and property while a participant in the fair activities, either on the fairgrounds or off the grounds. We agree that contest shall constitute a bar to any recovery or claim made by us or our child/ward against the Waller County Fair Association, it's directors individually or as a whole, and the staff including committee personnel.

(Parent/Guardian Signature)

Date