

GREASED PIG CONTEST  
HOLD HARMLESS AGEEMENT  
(Ages 15 and under)

I give parental permission for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

to participate in the greased pig contest. I understand what a greased pig contest is like and that participants may fall, trip, run into each other or get hurt by accident, pigs bite and manure may be present.

I understand the Hancock County Agricultural Society directors, sponsors and volunteers accept no liability for any injury that may occur to my child in the greased pig contest.

I release the above- named entities from any claim.

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

