

Greased Pig Contest Parental Permission Form

I give permission for:

Name: _____

Mailing Address: _____

Age: _____

Circle One:

M

F

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.

I understand that the Sullivan County Agricultural Society accepts no liability for any injury that may occur in the greased pig contest. I release the Society from any claim.

Please complete an Event Participation Agreement and bring this permission form with each child entered in this contest.

Parent or Guardian Signature