

Surprise Valley FFA



Team Doctoring

Friday, August 21st 4:30 P.M.

RULES

3 Man team/3 Loops

Sort 1 head out of 10/Head and Heel

Time ends when Front Two and Rear Two Feet are tight and forehead is marked.

ENTRIES

\$35/Man-\$105/Team

60% Pay Back

Limited to 30 Teams

YOU MAY ENTER TWICE WITH DIFFERENT TEAMS BUT ONE
PERSON MUST BE DIFFERENT

PROCEEDS GO TO SURPRISE VALLEY FFA

Entries must be paid in full and turned in by August 14th.

Top 6 Teams will return for Calcutta that evening during the
Bronc Riding.

Monies and Awards up to 3rd Place

For more Information Please contact Wayne Suchorski @
(530) 260-1007

Modoc District Fair
TEAM DOCTORING EVENT
ENTRY FORM

Due Date: Thursday, August 13, 2009

Event Date: Friday, August 21, 2009 by 4:00 pm

*Top 6 teams come back in the evening, during Bronc Riding, with a Calcutta.

Buckles to 1st place in average.

Monies to first 3 places in 1st-go and monies to first 3 places in average.

Entry Fee: \$105.00 per 3-man Team

PARTICIPANTS NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

2ND TEAM MEMBER: _____

3RD TEAM MEMBER: _____

CONTACTS:

Wayne Suchorski
P.O. Box 323
Cedarville, CA 96104
(530) 260-1007

Date Fee Paid: _____

Date Release Signed: _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I AM AWARE THAT THE ABOVE DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE. As consideration for being permitted by the Fair, the County of Modoc ("the County") and the state of California to participate in these activities and use their facilities, I hereby agree that I my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attack the property of the Fair, the County or State of California or any of the affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent, or contractor of the Fair, the County or State of California or any to their affiliated organizations as a result of my participation in the activities described above. I Forever release the Fair, the County and the State of California and any other their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributees, guardian, next of kin, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE COUNTY AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATION AND SIGN IT OF MY OWN FREE WILL.

PARTICIPANT SIGNATURE

DATE

PARENTS SIGNATURE IF UNDER 18 YEARS OLD

DATE