

2009 CHILLIWACK EXHIBITION
7590 Lickman Rd, Chilliwack BC V2R 4A7
Phone 604-824-8191 Fax 604-824-8192
YOUTH – WAIVER / ENTRY

To be completed for all Young Farmer and Jersey Youth Showmanship participants

Name of Child _____ Age _____

Class Entered _____

Address _____

Phone _____ Fax _____ Email _____

WAIVER OF CLAIM

“I, _____, being the parent or legal guardian of
_____, (my child) consent to his/her participation

in the _____ show at the Chilliwack Exhibition.”

I acknowledge that this event is potentially dangerous and involves risk of harm to the person and property of my child. In consideration of my child being accepted in the foregoing activity, I accept such risk on behalf of myself and my child absolutely, and agree that neither the Chilliwack and District Agricultural Society, its directors and officers, the management, or staff, shall be liable for any damage or injury sustained by my child while engaged in this activity, or as a result of my child being on the Exhibition grounds for such activity.

Signature of Parent or Guardian _____ Date _____