

Youth Horseshoe Tourney

September 3, 2022

Peach Springs, Arizona

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Town/State/Zip: \_\_\_\_\_

Emergency Contact & Phone Number:

\_\_\_\_\_

Waiver: I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being and appreciated by myself. I am able to physically and medically able to participate in this activity. Having read this waiver and knowing these facts and in consideration of your accepting my entry form, myself: I, waiver and release Hualapai Health Education & Wellness Department (HEW) and all sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose. I give permission for HEW to use photos, video recording, voices, and quotations from this event for promotional purposes and for upcoming activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information on this event please contact Vonda Beecher at 928-249-2261

Han'kyu!