

DYER COUNTY FAIR
YOUTH BOARD APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

DATE OF BIRTH: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

PARENTS: _____

LIST SCHOOL AND COMMUNITY ACTIVITIES YOU ARE INVOLVED IN: _____

HAVE YOU EVER VOLUNTEERED AT THE FAIR? _____

IF SO WHAT AREA? _____

HAVE YOU EVER EXHIBITED AT THE DYER CO. FAIR? _____

IF YES, LIST DEPARTMENTS WHERE YOU EXHIBITED: _____

DO YOU WORK? _____ IF YES WHERE AND WHAT HOURS: _____

WOULD YOU BE ABLE TO ASSIST IN ACTIVITIES THE WEEK OF THE FAIR? _____

WRITE A BRIEF SUMMARY EXPLAINING YOUR TRUE INTEREST IN BEING A YOUTH MEMBER. _____

APPLICANT SIGNATURE: _____ DATE: _____

I give permission for my child, _____ to apply for Dyer County Fair Board and understand Meeting and participation requirements.

Parent: _____ Date: _____

**DYER COUNTY FAIR YOUTH BOARD
WAIVER/RELEASE**

LIABILITY RELEASE

In consideration of the acceptance of my application for the Dyer County Fair Youth Board, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said Board. This release is intended to discharge in advance the Dyer County Fair Association, its officers, employees or agents from liability, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some activities involve an element of risk or danger of accidents and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

PARENTAL CONSENT (TO BE COMPLETED IF APPLICANT IS UNDER 18 YEARS OF AGE)

I give my consent for my son/daughter _____ to participate in the above activity, and I execute the above liability release on his/her behalf.

CONSENT TO TREAT

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above Board. It is understood that the Dyer County Fair Association provides no medical insurance or such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

(name of personal physician)

(doctor's phone number)

(doctors address)

_____ I do not give my consent to treat and request that medical or surgical services be withheld.

READ BEFORE SIGNING

I have read and understand the foregoing registration form, liability release form, parental consent and consent to treat forms, and agree to all of their terms and conditions.

(DATE)

youth's signature

print youth's name

parents's signature

print parent's name