



2018 Central Wisconsin Spring Fling Beef  
Jackpot Show Entry Form  
One Exhibitor per Entry Form

**Exhibitors Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Junior Exhibitors:**

Age as of January 1, 2018 \_\_\_\_\_

**Participation Release:**

Permission is hereby granted for the individual listed above to participate in the Central Wisconsin Spring Fling Beef Show. I further agree to accept all responsibility for any liability resulting from the personal actions for this person while attending the Central Wisconsin Beef Show. **This signature is required to participate.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Heifer Entries (Open)**

Breed _____	Birth Date ____/____/____	Tattoo _____
Breed _____	Birth Dates ____/____/____	Tattoo _____
Breed _____	Birth Date ____/____/____	Tattoo _____
Breed _____	Birth Date ____/____/____	Tattoo _____

**Steer Entries (Junior Jackpot Show Only)**

Breed _____	Ear Tag _____
Breed _____	Ear Tag _____
Breed _____	Ear Tag _____

**Camping:**

We will be Camping Yes \_\_\_\_\_ No \_\_\_\_\_ \$10.00 per night. Please include separate check to: Waushara County Parks Dept

**Please Send Entries To:**

Cory Wagner  
W2750 Cty Rd Q  
Pine River, WI 54965

Payment must be sent with entry form.  
Please make check payable to:  
Central Wisconsin Spring Fling. (CWSF)

**Entry Fees**

\$30.00 per head on/before May 1<sup>st</sup>, 2018  
\$45.00 per head after May 1<sup>st</sup>, 2018  
**Late Entry Fee Will Positively Be Enforced**

**Each Jr. Exhibitor will receive a free shirt, please circle your size:**  
**Late entries are not guaranteed a shirt. If there is no size circled there will be no shirt available for you.**

**Adult sizes**  
Small Medium Large X-Large XX-Large XXX-Large  
**Youth sizes**  
Small Medium Large



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**AGREEMENT FOR ASSUMPTION OF RISK. INDEMNIFICATION AND RELEASE**

Name: (print) \_\_\_\_\_ Age: \_\_\_\_\_

**IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE CENTRAL WISCONSIN SPRING FLING, SPONSORED BY THE CENTRAL WISCONSIN BEEF ASSOCIATION COMMITTEE, I UNDERSTAND THAT I AM BEING ASKED TO CAREFULLY READ EACH OF THE FOLLOWING PARAGRAPHS. I UNDERSTAND THAT I AM ABLE TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT BEFORE SIGNING.**

**Assumption of Risks:**

I understand that activities related to the Central Wisconsin Spring Fling, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Specifically, this event may expose me to various risks of handling cattle, including 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and even death . I understand that the Central Wisconsin Spring Show Committee, Waushara County, and the State of Wisconsin do not provide health and accident insurance. I understand and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

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

**Hold Harmless, Indemnity and Release:**

In consideration of permission for my voluntary participation in Central Wisconsin Spring Fling, May 11-12 2018, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release, the state of Wisconsin, county of Waushara, their officers, employees, agents, and volunteers, from and against any sort of account of damage to personal property (including my cattle), personal injury, or death, which may result from my participation in the above- listed activity. This release includes claims based on the negligence of the State of Wisconsin, County of Waushara and its officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue. I grant permission to use any photos taken for marketing and website/Facebook use.

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

Signature of Parent or Guardian for both the above sections (if participant is under 18):

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* If your son, daughter, or ward will be under 18 while participating in activities at the Central Wisconsin Spring Fling, it is our policy to request your agreement.