

WCFA COMMERCIAL HEIFER CALF SCRAMBLE

2018 – 2019

Participant Waiver, Medical Release, Liability Wavier

I, _____, understand that WCFA Commercial Heifer Scramble, of which my child _____, plans to be a participant, involves certain risk and that regardless of the precautions taken by the WCFA, some bodily injuries may occur. Specific risks/hazards involved in the WCFA Commercial Heifer Scramble include but are not limited to the following:

- (1) Physical injury sustained while in process of catching a scramble heifer.
- (2) Dehydration
- (3) Medical problems such as illness, allergies, etc.

I understand that **RELEASES** cannot be expected to control all the risk articulated in this form but **RELEASES** may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for my medical treatment that may be required during my child's participation with the understanding that the cost of any such treatment will be my responsibility.

I hereby agree to indemnify and hold harmless **RELEASES** for any cost incurred to treat my child, and release WCFA of any and all liability of any accidents or injuries to my child, _____ that might occur during the Commercial Heifer Scramble Event.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Family Dr. Name: _____ Phone #: _____

I have medical insurance: Yes No Name of Ins. Co.: _____

Phone #: _____ Group #: _____

I.D.#: _____