

WCFA COMMERCIAL HEIFER CALF SCRAMBLE

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.#: _____