

PERMISSION FOR WCFA PRINCE/PRINCESS CONTEST

I hereby give my permission for _____ to participate in any Walker County Fair Association (WCFA) Prince/Princess activities. It is understood that any WCFA activity will be well planned and every precaution taken by the Committee members to prevent any accident. Also, I agree that the WCFA Prince/Princess Contest Committee members are not to be held liable for damage caused by any contestant or any accident or injury sustained by said child while participating in any said WCFA Contest activity.

Parent/Legal Guardian Signature

Date

AUTHORIZATION OF CONSENT FOR MEDICAL CARE OF MINOR

I _____, legal guardian of _____, a minor child whose birth date is _____, do hereby authorize WCFA Prince/Princess Contest Committee members and such administrators, committee members, and associates as WCFA may designate, to consent to medical treatment of said child.

This authorization shall be effective for the duration of this child’s attendance at the Walker County Fair Association contestant activities during the regular WCFA contestant activities, regardless of the time or location.

It is understood that this authorization does not create a duty or obligation on the parent of Huntsville Walker County Fair Association or any of its administrators, committee members, or other associates to seek or procure medical treatment for the child beyond that duty which may otherwise be imposed by law.

Parent/Legal Guardian Signature

Date

Address (Street):	City, State, ZIP:
Home Phone:	Work Phone:
Cell Phone:	Emergency Contact:

**PRINCE AND PRINCESS CONTEST
Emcee Information Sheet**

Name _____

Age _____ **Gender** _____

Parent(s) Name

Hair Color _____ **Eye Color** _____

School Attending / Grade

Hobbies _____ ,

Favorite Food
