



Washington County Fair
2019 Bucket Calf Program Permission Slip

Participant Name: _____

Parent(s) Name(s): _____

School Year: 2019-2020

*******PLEASE INITIAL ALL YOU AGREE TO*******

_____ Yes, I would like my child to participate in the Fair Parade.

As a participant in the Bucket Calf Program there are many opportunities for videos and photographs to be taken by news media, local papers, as well as individual spectators. Please be aware that by signing to allow your child to participate, you are also allowing permission for your child to possibly be published in a local paper, on news coverage, or on a spectator's social media page.

_____ Please initial that you have read and understand that we **are not** responsible for media coverage of photographs and videos.

Parent/Guardian Signature

Date