



Release Form

I, _____ agree to participate in the Fond du Lac County Fair Amateur Talent Competition and I hereby release the Fond du Lac Agricultural Society, its Board Members, volunteers and sponsors from any and all responsibility or liability for injury or damages. Performer/performer's guardian grants permission for the Fond du Lac Fair to use still photos and/or videos of their performance for promotional purposes.

I/We _____ (Parent/Guardian/s)

give permission for _____ (Name of participant) to participate in the Fond du Lac County Fair Amateur Talent Competition.

Guardian Signature

Guardian Email Address

Guardian Phone/Cell

Participant Name and Signature

**Both parent/guardian and participant (if under 18 years) in the act must sign.
You must agree to Contest Rules to qualify.**

For additional information, visit www.FondDuLacCountyFair.com

Questions? Contact Karen Albert: albertkaren55@gmail.com | 920-539-2519

Please mail application and release form to:

Fond du Lac County Agricultural Society
C/O Karen Albert
P.O. Box 1466
Fond du Lac, WI 54936-1466

Brought to you by:



See you at the Fair: July 17-21, 2019