Application Form:
Saralee's Sonoma County Youth Pruning Contest and Viticulture Challenge

Saturday, January 16, 2016 ♦ check-in begins at 9:00am
Santa Rosa Junior College's Shone Farm

(Please print clearly)

CIRCLE ACTIVITIES: Youth Pruning Viticulture Challenge

Name: _____ Age:_____ Date of Birth:_____
First Name Last Name

School, 4-H Club, FFA Chapter: _____

Home Address: _____

Home Phone: _____ Parent/Guardian Name & Cell Phone: _____

Is this Contestant covered by liability insurance? Yes No

Name of policyholder: _____

Insurance Company: _____

Policy Number: _____

Waiver for Pruners:
In consideration of the acceptance of my entry, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, all sponsors and their representatives and any and all claims of damages, demands, or actions whatsoever in any manner, as a result of my participation in the Pruning Contest event, including travel to and from the event. I attest and verify I am physically fit and have sufficiently trained for this event and a qualified medical person has not advised me otherwise. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event without compensation to me.

Signature of Contestant: _____

Signature of Parent, 4-H Leader, or FFA Advisor Responsible: _____

Cell Phone: _____ Relation: _____ Date: _____

TO ENTER:
Fax this form to Pat at 707-933-1574 or email to: patstornetta@comcast.net

This form should be received by January 14, 2016