

# MUTTON BUSTING

Entry Blank

**Mariposa District Fair and Homecoming**  
State of California Department of Food and Agriculture  
35-A District Agricultural Association

**MONDAY, SEPT 4, 2023**  
**3:00 PM**

**ENTRY LIMITED TO AGES 3 - 6 LIMITED TO 35 PARTICIPANTS**

Entry blanks will be accepted on a first come, first serve basis until all openings have been filled or until 3:00 PM, Monday, September 4, 2023 whichever comes first. Age as of September 4, 2023 applies.

**IN ADDITION, EACH CONTESTANT MUST SIGN IN WITH EVENT COORDINATOR AT THE GOLD BOWL JUST PRIOR TO THE START OF THE EVENT.**

I agree to indemnify and save harmless the 35-A District Agricultural Association, the State of California, their officers, agents, servants, and employees from any and all claims, causes of action and suits accruing or resulting from any damage, injury or loss to participant, heirs, representatives or dependents including but not limited to injury and loss of property caused by, arising out of or in any way connected with the participation in this Mutton Busting.

I understand that participants are not covered by the State public liability or property damage insurance. Personal insurance coverage is at the prerogative of each individual contestant.

The 35-A District Agricultural Association reserves the right to alter the rules, events and conditions without personal notice of such change.

**Contestants must not weigh over 55 lbs.**

**Contestants are allowed to hold on to the sheep with their hands only. No other devices may be used.**

**Western Wear must be worn.**

**Contestants must wear helmet and number provided by the fairgrounds.**

**The contestant that rides the sheep the longest in each category (Boys and Girls) will receive a Belt Buckle.**

**2 Parents are allowed in the arena with each contestant.**

**Release form & waiver must be signed by a parent or guardian.**

**Mariposa residents only.**

I accept the conditions of the Mutton Busting as outlined above.

NAME OF CONTESTANT \_\_\_\_\_

AGE OF CONTESTANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

FOR OFFICE USE ONLY	
AGE:	
CONTESTANT NUMBER:	#
ALTERNATE NUMBER	#

