



2008 Mutton Bustin'  
66<sup>th</sup> Annual Fiesta Days Rodeo

**\$15 Entry Fee if you are  
selected to participate in  
the Fiesta Days Rodeo**

**MUTTON BUSTIN' APPLICATION MUST BE RETURNED  
NO LATER THAN 5:00 PM ON JULY 3<sup>RD</sup>**

The Mutton Bustin' will take place during all rodeo performances.

One winner will be chosen each night.

Contestants must weigh less than 60 lbs. and be between 5 and 7 years of age.

Weight and age limits will be strictly enforced.

The Contestants birth date must be between the  
dates of July 24, 2001 – July 24, 2003.

**Contestants not drawn to ride in the rodeo will be eligible  
to ride in the Pre-show of the rodeo.**

**LATE APPLICATIONS WILL NOT BE CONSIDERED.  
NO EXCEPTIONS.**

RETURN APPLICATIONS TO:

**CREATIVE SIGNS  
1825 NORTH MAIN STREET UNIT #1  
SPANISH FORK, UTAH 84660  
PHONE: (801)798-9892  
OFFICE HOURS: 9 AM -5 PM**



**66th Annual Fiesta Days Rodeo**  
**2008 Mutton Bustin 'Entry Form**  
**\$15.00 Entry Fee**

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**WAIVER**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of athletes' equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by *Spanish Fork City* and the event of holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: *Spanish Fork City* and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsor, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**IF UNDER 18 - PARENT/GUARDIAN WAIVER FOR MINORS**

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and the parents or legal guardian.

**AUTHORIZATION FOR MEDICAL TREATMENT**

*This release will authorize Mountain View Hospital and the Spanish Fork City Ambulance Service to provide medical treatment in the event of an accident or illness while participating in the recreation program of Spanish Fork City. I understand that these services are provided on a fee basis.*

**THIS WAIVER PERTAINS TO ALL SPANISH FORK CITY RECREATION ACTIVITIES FROM APRIL 1, 2008 to MARCH 31, 2009.**

**I HAVE CAREFULLY READ THE ABOVE STATEMENTS**

Self/Parent/Guardian  
(print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Child's Name:**

\_\_\_\_\_

**Preferred Night:**

Mon 21<sup>st</sup> – Tues 22<sup>nd</sup> – Wed 23<sup>rd</sup> – Thurs 24<sup>th</sup>

**Age on dates of competition:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

Please check previous years participation

Pre-Show  2005  2006  2007  
Rodeo  2005  2006  2007

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