

**GREASED PIG CONTEST PARENTAL
PERMISSION FORM**

I give permission for:

Name: _____

Mailing Address: _____

Age: _____

To participate in the greased pig contest; I understand what a greased pig contest is like and that participants may fall, trip, run into each other or get hurt by accident.

I understand that the Sullivan County Agricultural Society accepts no liability for any injury that occurs in the greased pig contest. I release the Society from any claim.

Parent or Guardian Signature