



Lawrence County Agricultural Society



2019
OFFICIAL ENTRY FORM
OPEN HORSE PULL

Driver Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ (Home) _____ (Cell)

E-mail Address: _____

Hooker Name: _____

SATURDAY, JULY 6TH

LIGHT WEIGHT CLASS

HEAVY WEIGHT CLASS

I acknowledge that I have read, understand and will abide by the officially stated rules & regulations. I desire to participate in the Lawrence County Agricultural Societies' Horse Pull and understand & acknowledge such participation is voluntary. I hereby release the Lawrence County Agricultural Society and it's Officials from any liability or claim regarding any injury or damaged suffered as the result of participation in the Horse Pull Event at the Lawrence County Fairgrounds. I also assume any risk by participating. All decisions are at the discretion of the Board of Directors and/or Officials.

Participant Signature: _____ Date: _____