



**2019 ATHENS COUNTY
OUTHOUSE RACE ENTRY FORM**

Outhouse name: _____

Team Captain _____

Youth or Adult Category (Circle one)

The undersigned team members agree to assume the risk of participation in the **2019** Athens County Outhouse Races, and acknowledge the danger and possibility of injury, sickness, or adverse medical effects as a result of such participation; and release and hold harmless Athens County Fair and all of the Officers, Board Members, Employees and Volunteers of this event from and for any injury, illness, or death.

If participant is under the age of 18, a parent or guardian must sign a release form.

PLEASE PRINT NAME CLEARLY

SIGNATURE

DATE

1. _____

2. _____

3. _____

4. _____

5. _____

Amount collected \$ _____ (\$10 for youth team and \$20 for adult team)