Beef Entry Form

Mountain Township Agricultural Society, Box 114, South Mountain, Ontario KOE 1W0

Exhibitor Name_____**Address**_____

_____

I,_____shall indemnify and hold harmless the **"Mountain Township Agricultural Society",** its Directors, Officers, Members, Agents and Employees from and against all claims, demands, losses, costs, damages, Actions, Suits or any proceedings by any third parties that may arise out of, or maybe Attributed to, all actions carried out by the **"Mountain Township Agricultural Society"** for which I may be held liable, howsoever caused. I hereby assume full responsibility for any risk of bodily injury, death or property damage out of the event whether caused by negligence of the releases or otherwise.

Exhibitors Signature:_____ **Date:**_____

Class	Name of Animal	Reg #	SEX	Birthdate	Name of Sire (Reg #)	Name of Dam (Reg #)

Prize Money $_____
Entry Fee Total $_____
Membership Fee $_____
TOTAL $_____