

# MUTTON BUSTIN' RELEASE & ENTRY FORM

*\$30 Entry Fee*

**Entries close July 1st • No late entries • Limited to the first 52 children  
Event to take place during Thursday PBR, Friday, Saturday & Sunday Rodeo performances.  
Entries must be post marked or faxed by July 1st - No phone entries.  
\$20 Post entry fee is required after July 1st.**

Fax entries to (805) 456-3832 or mail to:  
Santa Barbara Fiesta Stock Horse Show & Rodeo,  
ATTN: Entries, P.O. BOX 30460 Santa Barbara, CA 93130.  
Note that faxed entries will ONLY BE ACCEPTED if accompanied by credit card information.

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Name of Child \_\_\_\_\_  
Print Name of Parent/Guardian or Helper \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell  
Age of Child \*(as of July 1st) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight of Child \_\_\_\_\_

*\*(Child must be between 4 and 6 years of age and weigh less than 60 pounds.)*

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*The undersigned does hereby voluntarily assume any and all risks arising out of and/or connected with his or her participation in the Mutton Bustin' Event and does hereby release Old Spanish Days in Santa Barbara, Inc., Old Spanish Days Fiesta Stock Horse Show & Rodeo, the 19th District Agricultural Association, the State of California and any and all other sponsors, their officials, directors, stock contractors, and agents harmless for any injury or loss suffered during or in connection with the show, whether or not loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of the show.*

*Parent or guardian of said minor shall sign this release and hereby agrees to hold said minor and each of the above persons harmless from any participation in the above named event. All photos taken during the Fiesta event remain property of the Old Spanish Days Stock Horse Show & Rodeo and may be publicized for the sole purpose of promoting the event.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*This form must be signed.*

**METHOD OF PAYMENT** (check one)  Check  Visa  MasterCard  American Express

Card # \_\_\_\_\_ Exp \_\_\_\_\_ Sec Code \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_