

Strongman Competition

(Strongman Corporation Membership required of all Contestants)

PROMOTER: Scott County Fair

DATE: Saturday, July 25, 2020

TIME: Registration at 9:30 AM and event at 10 AM

LOCATION: Scott County fairgrounds

DIVISIONS: Lightweight, Heavyweight, and Womens

EVENTS: Pick up Truck Pull, Farmer's Carry & Tire Flip Medley, Overhead Keg Lift, Yoke Carry, and Atlas Stones

AWARDS: 1st (\$100), 2nd (\$75), 3rd (\$50)

ENTRY FEES: \$30 per event, \$40 for membership fee
Through July 27, 2019

ENTRY DEADLINE:

MAKE ALL CHECKS PAYABLE TO: Scott County Fair or Scott County Agricultural Society

STRONGMAN CORP. AND Scott County Fair, STRONGMAN CORP. and Scott County Fair will take reasonable endeavors to comply with all applicable obligations of the Health & Safety at Work, Act 1974 and the Management of Health and Safety at Work Regulations 1992 (amended 1999) ensuring as far as reasonably practicable, the health, safety and welfare of all its employees freelance and contracted personnel and others, including the general public, who come into contact from time to time with any of , STRONGMAN CORP. AND Scott County Fair's work activities.

The Athlete shall fully co-operate with, STRONGMAN CORP. AND Scott County Fair and not disregard any information, instruction or training given in the interest of the Athlete's health and safety in accordance with sections 2 and 3 of the Health and Safety at Work, etc. Act 1974 and Regulation 10 & 13 of the Management of Health & Safety at Work Regulations 1999. Furthermore, the Athlete agrees not to willfully interfere with or damage any equipment including protective equipment provided in the interest of health, safety and welfare and the Athlete agrees to strictly comply with all of, STRONGMAN CORP. AND Scott County Fair's instructions at all times, in accordance with sections 7 and 8 of the Health & Safety at Work, etc. Act 1974.

In accordance with the Health & Safety at Work Act 1974, the Athlete shall take all reasonable steps to safeguard their own health and safety and that of any person who may be affected by their activities during participation in events and competitions.

The Athlete shall co-operate with, STRONGMAN CORP. AND Scott County Fair and their designees or appointees in this regard. The Athlete shall not participate in any competition or event if not in good health nor fit enough to participate.

The Athlete shall inspect all equipment used in the competition and confirm that in his opinion it is safe to use.

INJURIES

The Athlete understands and accepts that events and competitions involving contests of strength may as with any sporting contest result in injury.

The Athlete hereby waives and indemnifies STRONGMAN CORP. AND Scott County Fair from any and all liabilities that may arise or be incurred by STRONGMAN CORP. AND Scott County Fair through the Athlete's participation in any event and/or competition organized or licensed by or for and on the behalf of STRONGMAN CORP. AND Scott County Fair.

The Athlete fully understands and accepts that events and competitions of Strength athletics involves physical exertion. The Athlete shall not enter nor continue in any event or competition unless medically and physically fit enough to do so and by any event or competition the Athlete shall warrant the same and hold, STRONGMAN CORP. AND Scott County Fair free from any and all liability.

The Athlete warrants that he has read and fully understood the, STRONGMAN CORP. AND Scott County Fair Health Policy and agrees to comply with the same and hold, STRONGMAN CORP. AND Scott County Fair, free from any and all liability in respect of, STRONGMAN CORP. AND Scott County Fair adopting and implementing the same.

The Athlete expressly releases, STRONGMAN CORP. AND Scott County Fair and its employees, servants, agents, designees and appointees from any and all actions, claims, liabilities, loss, costs or expense which may arise whether directly or indirectly from participation in any, STRONGMAN CORP. AND Scott County Fair event or competition including but not limited to injury and the implementation of the, STRONGMAN CORP. AND Scott County Fair Health Policy.

Therefore I affix my signature below to serve as proof that I have read and fully understand the STRONGMAN CORP. health policy:

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

EMAIL: _____

DIVISION: _____ WEIGHT CLASS _____ HEIGHT: _____

SIGNATURE: _____
(PARENT OR GUARDIAN SIGNATURE REQUIRED IF CONTESTANT IS UNDER 18 YEARS OF AGE)