



**ANAPOLIS VALLEY EXHIBITION
GILLESPIE HORTICULTURE & SANITATION ATV COMPETITION
ENTRY FORM
AUGUST 16 & 20, 2022**

RULES & REGULATIONS

1. The Participant must be older than 16 years of age in order to compete and must provide identification on day of competition.
2. The Participant is not permitted to operate an ATV while under the influence of, or in any way impaired by any drug (legal or illegal) or alcohol.
3. The Participant will wear protective gear (i.e., helmet) for motocross/ATV, DOT approved, in addition to full body of clothing and closed footwear.
4. Participant agrees that they do not have any medical conditions that will increase the likelihood of experiencing injuries while engaging in this event.

Participant will receive two (2) Day Passes (2 Tuesday or 2 Saturday) to cover entry into the grounds for the Participant and one (1) Attendant/Helper. Run order will be determined on entries. **A waiver must be signed to participate. Registration is not complete without proof of insurance.**

Pre-Registration: \$20 +HST Entry Fee and \$15 + HST Admin Fee for the event.

If you are entering both Tuesday and Saturday, an entry fee is required for both days (only one Admin Fee required).

Please e-transfer pre-registration fee to: manager@annapolisvalleyexhibition.com

PLEASE PRINT CLEARLY

Participant Name: _____ Phone: _____

Civic Address: _____ Town: _____

Mailing Address: _____ Province: _____ Postal Code: _____

Email: _____

Attendant/Helper Name: _____ Phone: _____

Year, Make & Model: _____ Sponsor(s) (if applicable): _____

Competition Day: **Tuesday** **Saturday**

The Participant hereby agrees to the Rules and Regulations and this application and agrees to hold Annapolis Valley Exhibition/Annapolis County Federation of Agriculture agent, employees, or volunteers free from liability due to personal injury or damage to his/her property, agents, employees or third persons in connection with the event howsoever caused (including negligence) and agree to release such parties from any claims for such injury or damage.

Name: _____ Signature: _____ Date: _____
(Parent/Guardian if Minor) (Parent/Guardian if Minor)

OFFICE USE ONLY	
PAID: <input type="checkbox"/>	INSURANCE: <input type="checkbox"/>
INVOICE: _____	