

ABRAHAM LINCOLN LOOK ALIKE CONTEST
REGISTRATION FORM

Saturday, October 3, 2009

(We appreciate your registration by October 1 if possible.)

NAME: _____

ADDRESS : _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

NUMBER OF YEARS YOU HAVE BEEN PORTRAYING MR. LINCOLN: _____

PLEASE FEEL FREE TO SUBMIT ADDITIONAL INFO ABOUT YOURSELF HERE BELOW. THIS LETS US KNOW MORE ABOUT YOU AND WILL ALSO BE USED BY OUR MASTER OF CEREMONIES DURING THE CONTEST.

2009 Lincoln Days Celebration Release of Responsibility

In consideration of you accepting my entry and my participation in this Lincoln Days activity, I, intending to be legally bound, do hereby for myself, my heirs, my executors, administrators or assigns do hereby waive and release forever any and all rights and claims for damages I may accrue against any and all persons, businesses, agencies and other participants including but not limited to, Lincoln Days Celebration, Inc., its officers and Board of Directors, organizers, sponsors, workers, officials, volunteer helpers, The City of Hodgenville, Larue County, Kentucky and all others involved with this event, their successors, representatives, and assigns, growing out of my participation in any Lincoln Days events, including travel to and from this location. I also certify that I have full knowledge to the risks involved and that I am of at least 18 years of age or the parent or legal guardian of the participant. I further certify by my signature that I assume full responsibility and liability for all persons whose names are listed on this form.

Signature _____ Date _____