

Application: Saralee McClelland Kunde Memorial
Sonoma County Youth Pruning Contest
and Viticulture Challenge

Sunday, January 19, 2025 – registration starts at 8:30am – contest at 9:00am
Santa Rosa Junior College Shone Farm

(Please print clearly)

Select Participation: Youth Pruning _____ Viticulture Challenge _____

Name: _____ Date of Birth: _____
First Name Last Name

School, 4-H Club, FFA Chapter: _____

Home Address: _____

Home Phone: _____ Parent Name & Cell Phone: _____

Is this Contestant covered by liability Insurance? Yes No

Name of Policy Holder:

Insurance Company:

Policy Number:

Waiver for Pruners:

In consideration of the acceptance of my entry, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, all sponsors and their representatives and any and all claims of damages, demands, or actions whatsoever in any manner, as a result of my participations in the Pruning Contest event, including travel to and from the event. I attest and verify I am physically fit and have sufficiently trained for this event and a qualified medical person has not advised me otherwise. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event without compensation to me.

Signature of Contestant: _____

Signature of Parents, 4-H Leader, or FFA Advisor Responsible: _____

Cell Phone: _____ Relation: _____ Date: _____

To Enter:

Please scan this form and send to Brooke Parsons at brookeparsons55@gmail.com

This form should be submitted by January 11, 2025