

Harrison County Fair

2024 Baby Contest Entry Form

Contestant #

Age Group:

- 1st place
 2nd place

Child's Name: _____

Boy Girl

Date of Birth _____

Parent/Guardian Names*: _____

*at least 1 parent/guardian must be a resident of Harrison County. Parent/Guardian names will be announced as child goes on stage.

What is your child's favorite:

Color _____ Toy: _____ Food: _____

Signature of Parent/Guardian* _____

_____ Date

**I release the Harrison County Agricultural Society and the Baby Contest Superintendent, or anyone else associated with the HCAF and the Baby Contest, from any liability for injury, illness, or loss of property that may occur before, during, or after the contest. By entering, I agree to have child's name parent/guardian's name, and photo released on the HCAS webpage, Facebook page, and release the same to media. I am the parent or legal guardian of the child I am entering and I confirm that at least one of the parent/guardians of the child is a Harrison County resident. I understand that if my child wins and it is found that at least one parent is NOT a Harrison County resident, it will result in the winning title being stripped from child and disqualification in any other Harrison County Fair contest.*

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