



Washington's Birthday Celebration

2016 Official Mascot Waiver Form

Name: _____

(Attach copy of Texas Driver's License or Texas ID)

Contestant's E-Mail Address: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

School/Workplace: _____

Please note all official mascots are subject to a criminal background check.



Liability Waiver:

The undersigned hereby releases and forever discharges the Washington's Birthday Celebration Association, WBCA sponsors and affiliated organizations, their officers, directors, employees, agents and volunteers from any and all liability, claims, damages, demands, actions, losses (including attorneys' fees), causes of action or suits arising out of any injury, known or unknown, which has resulted or may in the future result from participation in the event and any associated activities.

Contestant's Signature _____

Date: _____

Complete application and fax to 956-722-5528 or email application to wbcawbcalaredo.org. Should you have any questions contact the WBCA Office at 956-722-0589.

FOR OFFICE USE ONLY:

Date received: _____

Time: _____