

# 2025 GREASED POLE Climb

EACH MEMBER OF THE TEAM MUST COMPLETE THIS FORM\*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AGE AS OF 8-15-25: \_\_\_\_\_

**IF NEEDED - BE PREPARED TO SHOW PHOTO ID TO HEAD JUDGE**

TEAM CAPTAIN'S NAME: \_\_\_\_\_

TEAM NAME:: \_\_\_\_\_

Who are your team members's names: \_\_\_\_\_

\_\_\_\_\_

## WAIVER

I HAVE READ THE OFFICIAL RULES AND AGREE TO ABIDE BY SAID RULES. ANY INFRACTION OF THESE RULES WILL MEAN MY DISQUALIFICATION. I AGREE TO SAVE HARMLESS AND KEEP INDEMNIFIED THE NEW YORK STATE WOODSMEN'S FIELD DAYS CORPORATION AND ITS EVENT SPONSORS; NEW YORK STATE TIMBER PRODUCERS ASSOCIATION; VILLAGE OF BOONVILLE; BOONVILLE FAIR ASSOCIATION AND THEIR REPRESENTATIVES, OFFICERS, AGENTS, EMPLOYEES AND RESPECTIVE MEMBERS FROM AND AGAINST ALL ACTIONS, CLAIMS, COSTS, EXPENSES, AND DEMANDS IN RESPECT TO DEATH, INJURY, COST OF DAMAGE TO ANY PERSON OR PROPERTY, HOWSOEVER CAUSED, ARISING OUT OF OR IN CONNECTION WITH THIS EVENT AND NOTWITHSTANDING THAT THE SAME MAY HAVE BEEN CONTRIBUTED TO OR OCCASIONED BY THE FAULT OR NEGLIGENCE OF THE SAID BODIES, THEIR RESPECTIVE MEMBERS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES OR REPRESENTATIVES, AND I AGREE TO ASSUME ALL RISK ATTENDANT TO MY PARTICIPATION TO THIS COMPETITION. I GRANT PERMISSION TO THE NYS WOODSMEN'S FIELD DAYS INC. TO USE ANY OR ALL PHOTOS TAKEN OF ME FOR THE USE AS PUBLICITY REGARDING THE PROMOTION OF THE NYS WOODSMEN'S FIELD DAYS. THE BOARD OF DIRECTORS OF THE NYS WOODSMEN'S FIELD DAYS INC. RESERVES THE RIGHT TO CANCEL THE EVENT AT ANY TIME WITHOUT PRIOR NOTICE.

\_\_\_\_\_  
COMPETITOR'S SIGNATURE

\_\_\_\_\_  
DATE