STEELE COUNTY FREE FAIR

RELEASE, WAIVER, AND INDEMNITY AGREEMENT

Event: **CALF DRESSING**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) wishes to participate in the Event described above. The undersigned is either (a) Participant, if an adult, or (b) if Participant is a minor, the parent or legal guardian of Participant.

The undersigned agrees as follows:

1. Participant voluntarily agrees to participate in the Event.

2. Participant and the undersigned understand that this Event presents certain risks which are inherent in the Event, and such risks may include property damage, serious injuries, or death.

3. In full knowledge of these risks, the undersigned agrees to be responsible for any and all costs or damages incurred by Participant for serious injuries, death, or property damage.

Therefore, in exchange for being allowed to participate in the Event described above, the undersigned, for himself or herself, the Participant, Participant’s family members, heirs and next of kin, and anyone claiming by or through any such persons, agree(s) to release, indemnify, and hold harmless the Steele County Agricultural Society and any and all of its agents, delegates, contractors, subcontractors, independent contractors, managers, employees, officers, directors, representatives, and anyone acting on its behalf, from any and all claims, causes of action, damages, legal costs and fees, and other liability, known or unknown, anticipated or unanticipated, for any and all personal injury, property damage, and/or death arising out of Participant’s participation in the Event.

# STATEMENT OF AWARENESS

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

# PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# PHONE: (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_