

**DUCHESNE COUNTY FAIR  
RELEASE AND WAIVER**

Event(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN CONSIDERATION** of being permitted to participate in any way in the above named EVENT(s) THE UNDERSIGNED:

- 1) **HEREBY ACKNOWLEDGES THAT the activities of the above named EVENT(S) are very DANGEROUS and involve the risk of SERIOUS INJURY and/or DEATH and/or PROPERTY DAMAGE and hereby ASSUMES full responsibility for any risk of such injury, death or damage whether caused by negligence of RELEASEE or otherwise.**
- 2) **HEREBY AGREES TO RELEASE FROM LIABILITY, INDEMNIFY, SAVE AND HOLD HARMLESS DUCHESNE COUNTY (herein, "RELEASEE"), and its designees, agents, and employees, for any loss, liability, damage, or cost they may incur arising out of or related to the undersigned's participation in the EVENT(s) whether caused by the negligence of the RELEASEE or otherwise.**
- 3) **HEREBY AGREES THAT THE RELEASE AND WAIVER OF LIABILITY, HOLD HARMLESS, AND INDEMNITY AGREEMENT EXTENDS TO ALL ACTS OF NEGLIGENCE BY THE RELEASEE, INCLUDING NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEE OR ANY PERSON AFOREMENTIONED.**
- 4) **I HAVE READ THE FORGOING AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THOSE MENTIONED ABOVE.**
- 5) **I fully understand that there is no RIDER MEDICAL INSURANCE PROVIDED.**

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If participant is a minor permission is granted by minor's parent or legal guardian:

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_