

Participant Release, Assumption of Risk and Indemnity Agreement

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant Name: _____ Age: _____

Participant's Parent/Legal Guardian Name: _____

Address/City/State/Zip: _____

Phone: _____ Cell: _____ Email Address: _____

I/We, the undersigned, as above-named self, or as parent(s) or legal guardian(s) of the above-named minor(s) (under the age if 18), hereby request that the above-named (hereinafter referred to as "Participant") be granted permission to participate as a contestant, assistant, official or otherwise in any activity sponsored by the Cass County Historical Society (the "Cass County Folklife Festival") Kids' Rodeo.

RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Cass County Folklife Festival, sponsors, arena operators or owners, and each of them, their officers, agents and employees (all hereinafter collectively referred to as "Releasee") from any and all claims and liability arising out of strict liability or ordinary negligence of Releasee, or any other participant which causes the undersigned injury, death, damages or property damage. I/We, the undersigned, jointly, severally, and in common, covenant to hold Releasee harmless and to indemnify Releasee from any claim, judgment or expenses Releasee may incur arising from any of the Participant's participation in the below-listed activities.

I/WE UNDERSTAND that Participant's entry and/or participation in equine, bovine or any other animal event and activity contains DANGER AND RISK OF INJURY OR DEATH TO PARTICIPANT, that conditions of the arena change from time to time and may become more hazardous, that animals are dangerous and unpredictable, and there is inherent danger in equine, bovine or any other animal event and activity which I/we each appreciate and voluntarily assume because the participant and I/we choose to do so. I/We further understand that other contestants and participants pose a danger to the Participant, but nevertheless, I/WE EACH VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected with the Participant's participation in equine, bovine or any other animal events and activities.

I/WE AGREE that this agreement shall apply to any incident, injury, accident or death occurring on the below date and FOR A PERIOD OF ONE (1) year thereafter.

I/WE HAVE READ THIS DOCUMENT; I/WE UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I/WE APPRECIATE AND ASSUME ALL RISKS INHERENT IN EQUINE, BOVINE OR ANY OTHER ANIMAL EVENTS AND ACTIVITIES.

Participant/Parent/Legal Guardian Signature(s) Date