

SANTA CRUZ COUNTY FAIR
RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (*Participant*), acknowledge that I have voluntarily applied to participate in the following activities at the **Santa Cruz County Fair**:

California State Horsemen's Association Incorporated
State Championship Show
October 8-13, 2019

I AM AWARE THAT THE ABOVE-DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____*
PARENT OR GUARDIAN'S INITIALS (if under 18): _____*

As consideration for being permitted by the Fair, the County of Santa Cruz and the State of California to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make claim against, sue, or attach the property of the Fair, the County or the State of California or any of their affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent, or contractor of the Fair, the County or the State of California or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Fair, the County and the State of California and any of their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE COUNTY AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at _____ California on ____ / ____ / ____

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

Print name

Print name

Signature

Signature

Address:

Address:

***IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR LEGAL GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.**